I. C. 3. Mandated Benefits: States are enacting laws that require insurance policies to cover specific types of services (such as alcoholism treatment or mental health services), or services of specific health practitioners. Laws that would mandate coverage of one or more of the behavioral science professions for counseling services are among the most frequently considered by the states of the mandated benefits laws during the 1980's.

State legislatures are facing increased numbers of proposed bills mandating coverage of health care practitioners. There are both positive and negative aspects to expanding mandated coverage. Encouraging improved access to the services may be beneficial to the public. However, there is concern that mandated benefits increase the cost of health insurance because of the expanded access to an increased demand for expensive health care services.

In 1984, the State of Washington passed a bill establishing guidelines which must be addressed for all mandated coverage proposals before the legislature considers the bill.

In reviewing the case, Metropolitan Life Insurance Company versus Commonwealth of Massachusetts, the U.S. Supreme Court ruled in June 1985 that states can mandate benefits in state insurance law. Specifically, the Court found that a 1976 Massachusetts law mandating mental health benefits did not violate the federal Employee Retirement Income Security Act of 1974. Thus, the issue of when and whether to mandate coverage of services and health practitioners is back in the legislative arena for resolution. (See Chapter III for further discussion of mandated benefits.)

I. D. Purpose and Methodology of Report

This report is intended for state and federal policymakers, college

and university health educators, professional association staff, and health care practitioners. The report has two purposes:

1. To provide an overview of the issues and state activities concerning state regulation of counselors, psychologists, and social workers; and
2. To provide current 50-state comparative data summaries on the most frequently asked questions about how states regulate the behavioral science professions.

In developing the tables for the three health professions included in this report, project staff read the statutes and regulations and compiled the tables from the state laws. Thus, this report reflects information contained in state laws, not garnered by a 50-state survey. The tables and narrative were reviewed by the Advisory Committee and selected experts in the particular health field.

I. E. Structure of the Report

This report is structured with a general Introduction (Chapter I), followed by Table II.1 in Chapter II that lists states regulating the professions of counselors, psychologists and social workers. Chapter III contains an in-depth examination of the key issues facing the behavioral sciences. Chapters IV - VI contain brief narratives and in-depth tabular summaries of state structures and policies concerning the state regulation of counselors, psychologists and social workers, respectively.

Appendix A-1 summarizes state sunset reviews of the behavioral science professions in 1984-85, while Appendix A-2 lists state sunrise agendas and recommendations for the behavioral science professions. Appendix A-3 lists national organizations which can be contacted for further information on the individual behavioral science professions.

I. E. 1. Key Terms Defined

Each of the three health professions reviewed in depth in this report are covered by nine tables; they are: Table 1 - Type of State Regulation; Table 2 - Organizational Pattern of State Regulatory Boards; Table 3 - Functions of Licensing Boards and Agencies; Table 4 - Enforcement Functions of Licensing Boards and Agencies; Table 5 - Examination of Applicants; Table 6 - Initial Requirements for Licensure; Table 7 - Schedule of Fees; Table 8 - Reciprocity and Endorsement; and Table 9 - Continuing Education Requirements.

Citations are listed for each table (except Tables 3 and 7) indicating the statute or regulation section listing the appropriate data. Citations appear where there are single source sections to cite and are not included where more than one section was used to extract the data.

Each table has footnotes to explain particular cases; however, terminology common to each table for all professions is defined below.

I. E. 2. Key Terms for Tables 1, 3, 4 and 8 Defined

Table 1 - Type of State Regulation

Licensure: Licensure restricts the scope of practice so that it is illegal for a non-licensed person to perform the specified services. This is the most restrictive of the three methods of regulation. In this survey, "licensure" means that is is illegal for a person to practice the profession without first meeting the standards imposed on the profession by the state and its regulating agency.

Certification: Certification limits the use of particular titles to persons meeting predetermined requirements set by a state agency. Those without the title may perform the services of the profession, but only

those certified may use the title in conjunction with the practice of the service.

Registration: Registration can simply require a person to provide his name, address and training to a state agency or can require individuals to first meet a set of minimum standards before registering. This form of regulation is appropriate when the threat to public health, safety and welfare is small.

Table 3 - Functions of Licensing Boards and Agencies

In approving or accrediting educational programs, the board may have approved a national agency to accredit an educational program. Using the example of occupational therapists, the board has the power to approve educational programs but has chosen to approve programs accredited by the American Medical Association (AMA) and/or the American Occupational Therapists' Association (AOTA). The board still has the power to approve programs that are not recognized by the national accrediting agency.

Regional refers to accreditation by one of six regional accrediting agencies that compose the Association of Secondary Schools and Colleges. The six are the New England Association of Colleges and Schools, the Middle States Association of Colleges and Schools, the North Central Association of Colleges and Schools, the North Western Association of Colleges and Schools, the Southern Association of Colleges and Schools, and the Western Association of Colleges and Schools.

Table 4 - Enforcement Functions of Licensing Boards and Agencies

Suspend: The professional is not permitted to practice for a period of time.

Revoke: Involves the involuntary termination of the professional's license.

Restrict License: A reduction in the scope of practice.

Censure: Similar to a reprimand. The agency makes an official statement of displeaseure concerning the individual.

Reprimand: The administrative agency reproves the professional. There may be public or private reprimands.

Probation: The professional is permitted to practice, but the agency has imposed conditions upon the practice. Once the time period has elapsed, the practitioner may resume unconditionally.

Fine: A monetary penalty imposed by the administrative agency for a violation of an administrative rule or regulation.

Other: Can include mandated refresher courses for practitioners in particular subjects when the practitioner has demonstrated weakness in selected areas of practice.

Table 8 - Reciprocity and Endorsement

Endorsement: As used in this survey, endorsement is a waiver of the licensure examination if certain conditions are met. Each state has different conditions which are delineated as footnotes on the tables dealing with reciprocity and endorsement.

Reciprocity: The professional may practice in a state other than in the one originally licensed only if the state which issued the original license allows the professionals licensed in the entering state. There are conditions which accompany reciprocity in many of the states.

CHAPTER II

STATE REGULATION OF THE BEHAVIORAL SCIENCE PROFESSIONS

TABLE II-1
State Regulation of the Behavioral Sciences Professions

	Counselor Pastoral Guidance, Family & Marriage	Psychologist	Social Worker
ALABAMA	L	L	L
ALASKA		L	
ARIZONA		C	
ARKANSAS	L	L	L
CALIFORNIA	L	L	L
COLORADO		L	L/L/R*
CONNECTICUT	C	L	
DELAWARE		L	L
FLORIDA	L	L	L
GEORGIA	L	L	L
HAWAII		L	
IDAHO	L	L	L
ILLINOIS		C	R
INDIANA		C	
IOWA		L	L
KANSAS		C	L
KENTUCKY		L	L
LOUISIANA		C	L
MAINE	R	L	R
MARYLAND	C	L	L
MASSACHUSETTS		L	L
MICHIGAN	R	L	R
MINNESOTA		L	
MISSISSIPPPI		L	
MISSOURI		L	
MONTANA	L	L	L
NEBRASKA		L	
NEVADA	C	L	
NEW HAMPSHIRE	C	C	C
NEW JERSEY	L	L	
NEW MEXICO		C	
NEW YORK		L	L
NORTH CAROLINA	C	L	C
NORTH DAKOTA		L	L
OHIO	L	L	L/R**
OKLAHOMA		L	L
OREGON		L	R
PENNSYLVANIA		L	
RHODE ISLAND		C	R
SOUTH CAROLINA	L	L	R
SOUTH DAKOTA		L	L
TENNESSEE	C	L	L
TEXAS	L	L	L/C**
UTAH	L	L	L
VERMONT		L	
VIRGINIA	L/C**	L	L
WASHINGTON		L	
WEST VIRGINIA		L	L
WISCONSIN		L	
WYOMING		L	
DC		L	
GUAM			
VIRGIN ISLAND			
Puerto Rico		L	

Key: L = Licensure; C = Certification; R = Registration
Source: Health Professions Licensure Information System, September 1985
*Three levels of social work practice are requested.
** Two levels of social work practice are requested

CHAPTER III

KEY ISSUES FACING THE BEHAVIORAL SCIENCE PROFESSIONS

Introduction

State regulation of the behavorial science professions (which typically include the fields of psychology, social work, counseling, and marriage and family therapy) is in a state of flux. In some states, concerned consumers of these services have formed groups to help victims of counseling and psychotherapy abuse, and to push for stricter and better-defined state laws governing the behavioral science professions. In Seattle, Stop Abuse by Counselors is lobbying hard for comprehensive legislation that will require all counselors to register with the state and to give their clients a Patient's Bill of Rights. In New York, the National Committee for Preventing Psychotherapy Abuse places a high priority on bringing the problems of psychology abuse to the attention of state policymakers and leading the public debate about possible effective reforms in the regulatory system.

At the same time, legislators are facing an apparently unprecedented number of requests from the behavioral science professions and other allied health occupations for state regulation. The large majority of requests are for state licensure. Because of concern over the impact of licensure on health care costs for the consumer and whether there is a clear and convincing need for state regulation of specific occupations and professions, legislators are faced with difficult decisions on whether to and how to regulate health professions.

The key legislative and regulatory issues that currently are extant in the behavioral science professions are in effect a case study for the key issues in state regulation of the health occupations and professions. Certain of the issues, such as mandated reimbursement under insurance policies for counseling services, may not be as important for certain

non-behavorial science professions. But in nearly every case, the issues are now or will be in the near future, issues for every health occupation and profession. Thus, this chapter examines the behavorial science professions as a microcosm of the state regulatory arena and develops descriptive and analytical information on issue areas. The issues that will be covered include:

a. Concern over the impact of new state regulation;

b. Determining the need for and type of state professional regulation;

c. Defining the scope-of-practice under state regulation;

d. Independent practice, mandated benefits laws and third-party reimbursement; and

e. Dealing with the incompetent practitioner and strengthening enforcement.

A. Concern Over the Impact of New State Regulation

State regulation of the professions is an exercise of the state's police power and traditionally has been invoked when one or more of the following situations exist:

1. Unqualified practice poses a serious risk to a consumer's life, health, safety or economic well-being;

2. Such risks are likely to occur;

3. The public cannot accurately judge a practitioner's qualifications; and

4. Benefits to the public clearly outweigh potential harmful effects of licensure (such as a decrease in the supply of practitioners).

Failure to meet these criteria, in general, indicates that licensure is not justified, or that some alternative form of regulation such as

registration or certification may be appropriate.[1]

But since the 1970's, with the advent of new technology and continuing health care specialization which have spawned new allied health professions and the large yearly increases in health care costs, state and federal policymakers have re-examined the possible factors responsible for increasing health care costs. At the same time, since the mid 1970's, a general belief in the positive benefits deriving from deregulation of government programs has been on the ascendency among state and federal policymakers. Purported benefits include eliminating nonproductive programs, reducing cost of services, improving administrative services, and increasing consumer choices among products and services at all cost ranges. In practice, deregulation was implemented most aggressively at the federal government level through airline and telecommunications deregulation. At the state level, deregulation fervor was most explicitly embodied in sunset laws which a majority of the states quickly adopted after Colorado passed the first sunset law in 1976. A decade later, thirty-eight states had enacted sunset laws.

Occupational and professional licensing boards were included in sunset audit reviews in every state. As state policymakers and staff became more educated about professional regulation as a result of sunset reviews, concerns were raised that professional regulation had costs as well as benefits to consumers and the state. Yet the costs and benefits were hard to measure empirically. A short list of the <u>possible</u> costs and benefits resulting from professional regulation which proponents and opponents typically put forth include the following:

Benefits of Professional Regulation

1. Protects the public from incompetent and untrained charlatans;
2. Provides an aggrieved consumer redress through the regulatory board or agency; and
3. Ensures that practitioners have minimum educational and/or experience standards needed to carry out the professional practice

Costs of Professional Regulation

1. May unnecessarily restrict number of people in a profession due to unnecessarily high education and experience requirements;
2. Such restricted supply may raise costs of the services to consumers;
3. Regulation may give consumers a false sense of security about the quality of practitioners since most regulatory boards focus on initial competency and not continued competency; and
4. Statutory scopes-of-practice may restrict and limit innovation in professional practice, and may lead to the underutilization of allied health and emerging occupations.

B. Determining the Need for and Type of State Professional Regulation

State legislatures are inundated with requests for occupational and professional regulation. Many legislators believe they cannot deal with these requests adequately because they do not have sufficient time or the technical expertise to make decisions on the regulation of occupations. In addition, it is difficult to make informed decisions on licensure of health care professions during the short time frame of a legislative session.

Sunrise is a process whereby the occupational group supporting initial regulation or a change in current regulatory law must demonstrate the need

for regulation by addressing criteria and answering questions previously established and adopted by the legislature or by an official administrative body. The resulting report from the occupational group is then examined by a legislative or administrative committee and, in most cases, a recommendation is made to the legislature. Sunrise, in theory, allows legislators to vote on a bill that they know has been thoroughly reviewed and debated.[2]

By mid-1986, fourteen states had adopted sunrise programs. The structure and process differs considerably across the states: some states use a legislative committee to review applications; others use specially appointed executive-branch committees composed of health care professionals and state regulators; and several states use established executive branch commissions to review all requests for new regulation. The one factor each state has in common with the other sunrise states is that each state adopts a set of questions or standards which must be addressed in writing by occupational groups requesting new state regulation.

The federal government played a significant role in the 1970's in focusing the national debate on policy issues pertaining to state credentialing of health personnel. In a 1977 report on Credentialing Health Manpower, the U.S. Department of Health, Education and Welfare proposed five criteria for state policymakers to consider before granting licensure, statutory certification, or registration. These criteria included:

1. In what way will the unregulated practice clearly endanger the health, safety, and welfare of the public, and is the potential for harm easily recognizable and not remote or dependent on tenuous argument?
2. How will the public benefit by an assurance of initial and continuing professional competence?

3. Can the public be effectively protected by means other than licensure?

4. Why is licensure the most appropriate form of regulation?

5. How will the newly licensed category impact upon the statutory and administrative authority and scopes-of-practice of previously licensed categories in the state?

These criteria have been adapted and adopted by nearly every state sunrise program. Frequently states have expanded on these five criteria.

A representative set of criteria are contained in the State of Washington's sunrise bill and are as follows:[3]

1. Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for harm is easily recognizable and not remote;

2. The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability;

3. The public cannot be effectively protected by other means in a more cost-beneficial manner; and

4. The least restrictive alternative method of regulation should be implemented, consistent with the public interest.

One of the key reasons for sunrise is to assess the costs and benefits of proposed new regulation. In 1986, Minnesota's Department of Health adopted rules which further defined the statutorily prescribed review factor of "cost effectiveness and economic impact" in their sunrise process. The rules assert that in determining whether the overall cost effectiveness and economic impact of new state health personnel credentialing would be positive for the citizens of Minnesota, these criteria shall be considered:

a. Positive cost effectiveness and economic impact results where the benefits expected to accrue to the public from a decision to regulate an occupation are greater than the costs resulting from that decision.

b. Cost effectiveness and economic impact can be evaluated through consideration of the following factors:

   1. Degree to which regulation has the effect of directly or indirectly increasing the costs of goods or services provided by applicant group;
   2. Impact upon the supply of practitioners of the regulated occupation;
   3. Degree to which the existing practitioners will be precluded from practice because of regulation;
   4. Restrictions, if any, on innovations in the delivery of care or service as a result of the regulation;
   5. Costs of additional education and training required as a result of the regulation of the occupation;
   6. Manner in which, and the degree to which, regulation will result in improvement in the quality of care;
   7. Degree to which services of the applicant group substitute for currently regulated occupations and estimated comparative costs of applicant group and currently regulated practitioners;
   8. Degree to which services of the applicant group supplement currently regulated occupations;
   9. Impact on expenditures by government and private third-party payors, if any, resulting from regulation of the occupation; and

10. Whether regulation facilitates access to direct reimbursement by practitioners for purposes of the government assistance programs, and estimated impact on program budgets.

Another issue considered by sunrise committees, in addition to whether states should regulate occupations, is at what level states should regulate occupations. In the large majority of cases, groups request licensure, the most restrictive type of state professional regulation. But two other alternatives -- certification (also called statutory certification) and registration -- are available options.

Washington's state legislature has recently considered an Omnibus Bill Relating to Counselors, Social Workers, Mental Health Counselors, and Marriage and Family Counselors. The legislation proposes that these behavioral science professions be registered with the state, not licensed. Instead, the bill seeks to educate consumers about their rights as clients and the individual practitioner whom the consumer may chose. One of the bill's provisions requires that before performing any practice with voluntary clients, therapists regulated under the bill must provide their clients with an accurate disclosure statement, or what is referred to as a Patient's Bill of Rights. (Full information on what the disclosure statement contains is listed below on page 35).

Other methods of informing and protecting the consumer may be considered as alternatives to state licensure. These include:

a. using private certification in lieu of state regulation, especially when private certifying agencies have met high standards for competency testing such as those met by members of the National Commission of Health Certifying Agencies;

b. using an articulated process or institutional format for joint review and regulation of the behavioral sciences, to provide a forum for resolving scope-of-practice disputes and other cross-disciplinary issues;

c. strengthening the enforcement process to find and discipline unscrupulous practitioners whether licensed, certified or registered; and

d. using the state's civil and criminal laws for consumer protection against unscrupulous practitioners in lieu of direct state regulation of the health practitioner.

C. Defining the Scope of Practice Under State Regulation

One of the major purposes of state professional regulation is to delineate the scope of practice for a regulated profession. According to sociologists, part of what constitutes a "profession" is a well-defined body of knowledge transmitted through a training and educational program. This body of knowledge and set of skills becomes the basis for defining the profession's scope of practice. To the extent that the new profession has not clearly defined its set of knowledge or differentiated itself from other professons, it is not a fully developed profession.[4]

A key problem with the proliferation of state credentialing has been establishing unique (i.e., non-overlapping) scopes of practice. In considering whether to regulate the behavioral sciences, a central issue is whether a unique scope of practice be identified to allow adequate practice enforcement activities. Two types of information can be used to consider this issue: 1. definitions of the profession and scope of practice as contained in enacted state law; and 2. the types of exemptions which are included in the practice act.

Scopes of Practice

First, a review of representative definitions of the professions as contained in state law.

Maryland law (Title 16: Chapter 16-101 (e)-(f)) says:

A. Practice psychology -- "Practice psychology" means to provide any person:

(i) Any service involving the application of psychological principles, psychological methods, or psychological procedures for understanding, predicting, or influencing behavior, including the principles that relate to learning, perception, motivation, emotions, organizational relationships, and interpersonal relationships;

(ii) Any service involving the application of psychological methods or psychological procedures for interviewing, counseling, psychotherapy, behavior modification, or hypnosis; or

(iii) Any service involving the application of psychological methods or psychological procedures for constructing, administering, or interpreting tests of mental abilities, neuropsychological functioning, aptitudes, interests, attitudes, personality characteristcs, emotions, or motivations.

B. "Practice psychology" includes:

(i) The application of psychological principles and psychological methods in the diagnosis, prevention, treatment, and amelioration of psychological problems, emotional conditions, or mental conditions of individuals or groups;

(ii) The use of psychological methods to assist an individual in acquiring greater human effectiveness or to modify feelings, conditions, attitudes, or behavior that is emotionally, intellectually, or socially ineffectural or maladjusted; and

(iii) The use of biofeedback instruments that do not pierce or cut the skin to measure physical and mental functioning.

C. In this subsection, "psychological methods," "psychological principles," and "psychological procedures" include the body of information that can be derived only from a graduate program in psychology, and other education or training recognized by the board as prerequisites for a license under this title, and that does not amount to the practice of medicine.

D. Psychologists -- "Psychologist" means an individual who practices psychology.

Connecticut law (Chapter 383, Section 20-187a) defines the practice of psychology as:

> The rendering under any title or description of services incorporating the words psychologist, psychological or psychology, to the public or to any public or private organization for a fee or other remuneration. Professional psychological services means the application, by persons trained in psychology, of established principles of learning, motivation, perception, thinking and emotional relationships to problems of personnel evaluation, group relations and behavior adjustment, including but not limited to counseling, guidance, psychotherapy and behavior modifications, with persons or groups with adjustment problems in the areas of work, family, school, marriage and personal relationships; measuring and testing of personality, intelligence, aptitudes, emotions, public opinion, attitudes and skills; and research on problems relating to human behavior.

The definition of the practice of social work as established in Kentucky and Texas laws are similar to other states' definitions.

Texas law (Title 2, Section 50.001) says:

> "Social work services" means the professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal. Social work services consist of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people obtain tangible services, counseling with individuals, families, or groups, helping communities or groups provide social and health services, and participating in formulating relevant public policies. The practice of social work requires knowledge of human development and behavior, of social, economic, and cultural institutions, and of the interation of all these factors.

Kentucky law (KRS 335.020(2)) states:

> "The practice of social work" means the professional activity of helping for remuneration individuals, groups, or communities enhance or restore their capacity for social functioning and create societal conditions favorable to this goal. It includes the professional application of social work values, principles, and techniques to one or more of the following ends; counseling and non-medical psychotherapy with individuals, families and groups; helping people obtain tangible services; assisting communities or groups provide or improve social and health services; and engaging in social work education, research, planning and the appropriate administration of social work or social welfare services.

The definitions of "marriage and family therapy" are taken from Georgia and Utah laws. Utah law (Chapter 58-39-3(2)) says:

> "Marital and family therapy" means the process of providing professional marital and family psychotherapy to individuals, married couples and family groups, either singly or in groups. The practice of marital and family therapy utilizes established principles that recognize the interrelated nature of individual problems and dysfunctions in family members to assess, understand and treat emotional and mental problems. Marital and family therapy includes premarital, marital, divorce and family therapy, and is a specialized mode of treatment for the purpose of resolving emotional problems and modifying interpersonal and intrapersonal dysfunction.

Georgia law (Code 43-7A-3(13) states:

> "Marriage and family therapy" means that specialty within the behavioral science specialties which centers primarily upon family relationships and the relationship between husband and wife and which includes, without being limited to, premarital, marital, sexual, family, pre-divorce, and post-divorce issues. This therapy also involves an applied understanding of the dynamics of marital and family systems, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perception, attitudes, and behavior in the area of marriage and family life.

Analysis

Each of the three professions' scopes of practice has unique skills or practice principles specified. The marriage and family therapy scope of practice seems the most narrowly and explicitly defined. The common skill specified in each profession's scope of practice is counseling and psychotherapy. However, this is only one of a number of functions that each scope of practice lists for its respective profession.

One of the difficulties in defining a scope of practice, particularly for psychology and social work, is that there is a range of functions which individual members of the profession may perform but frequently one person does not perform all of the possible professional functions. For example, many state-regulated social workers are engaged in supervision, administration, case management, social planning, research or advocacy and perform little or no individual counseling. Likewise, social workers who specialize in psychotherapy may conduct few or any of these other functions.

Thus, the practice act must be broad enough to cover all these functions which almost necessarily means that it can not be narrow enough to have a unique scope of practice.

A study conducted by the National Commission of Health Certifying Agencies in 1979 -- Perspectives On Health Occupational Credentialing -- specifically examined the consistency of scopes-of-practice definitions within and between medicine, psychology and social work. The authors developed eight components of the scopes of practice with 45 sub-categories of functions which they used to apply content analysis to the three professions' 1978 state statutes. Based on this content analysis of the three professions' statutory scopes of practice, the authors concluded:[5]

1. significant overlap [in the scopes of practice] occurs in some components of intervention, in diagnosis, in some entrepreneurial aspects, and, between psychology and social work only, in some of the "other" components;
2. in the profession of medicine, scopes of practice tend to show great uniformity across states;
3. psychology, [scopes of practice] shows great diversity among states; and
4. social worker scopes of practice tend toward greater uniformity than is found in the psychology statutes but less than is found in the use of medicine.

Exemptions

A next step in deciding whether unique or substantially different scopes of practice can be identified is to consider what exemptions are written into the statutory practice acts to exclude certain people and activities from falling within the domain of professional practice.

Typical exemptions for requirements of licensure or certification as social workers, psychologists, and counselors are included in Virginia and Florida law. Virginia law (Article 5, Chapter 54-944) states:

a. Persons who render services that are like or similar to those falling within the scope of the classifications or categories provided for in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and provided that the person rendering such service is not held out, by himself or otherwise, as a licensed or certified practitioner;

b. The activities or services of a student pursuing a course of study in counseling, psychology, school psychology or social work in an institution accredited by a regional accrediting agency approved by the State Board of Education or under the supervision of a practitioner licensed or certified under this chapter; provided that such activities or services constitute a part of his or her course of study and are adequately supervised;

c. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within their scope of the performance of their regular or specialized ministerial duties, and for which no separate charge is made or when such activities are performed, whether with or without charge, for or under auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and when the person rendering service remains accountable to the established authority thereof;

d. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or of any agency established or funded, in whole or part, by any such governmental entity or of a private, non-profit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization.

e. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

Florida law (Chapter 490.14) says:

No provision of this chapter shall be construed to limit the practice of medicine, osteopathy, nursing, or other recognized business or profession or to prevent qualified members of other professions from doing work of a nature consistent with their training, so long as they do not hold themselves out to the public as possessing a license issued pursuant to this chapter.

These exemptions are extensive -- more extensive than any other state-regulated health profession. They essentially exempt people who counsel without charging fees, persons who work for state and federal governments or private firms as personnel staff, and numerous other professions such as ministers, doctors, nurses or other "recognized professions;" however, it must be recognized that many exemptions are placed in state laws because of political compromises, not solely because of an inability to define scopes of practice. The history of the adoption of social work licensure laws perhaps illustrates this point better than the other professions. David Jeffreys (Executive Director, American Association of State Social Work Boards) who has personally tracked the passage of most of the state social work laws over the last twenty-five years, commented on the political realities of exemptions:[6]

> Many of the exemptions in state social work laws have nothing whatsoever to do with a presumed inability to define scopes of practice. Public employees are usually exempted because of the spurious reasoning that public agencies hire qualified people and provide adequate supervision for them, and because of the objections of state personnel people that it would cost too much if state agencies had to hire qualified people. A version of the latter argument has been used by state hospital associations in securing exemption for hospital social workers. They say, in effect, that the cost of health care would escalate if hospitals had to hire qualified social workers. Religious agency employees are often excluded because the church agencies pull out the old argument of separation of church and state.

When the current state practice laws for the behavioral science professions are reviewed, the exemptions and the overlappng scopes of practice suggest that unique scopes of practice are not currently specified in state laws. By having such broad exemptions, one could argue that the current licensure laws which should restrict the practice of a profession to licensed practitioners are more accurately functioning as title protection laws, especially for practitioners in the private sector.

D. Independent Practice, Mandated Benefits Laws and Third-Party Reimbursement

During the past fifteen years, states have enacted laws that require certain services to be covered by health insurance laws. Such laws are called "mandated benefits" laws. A typical mandated benefits law would state that "all (or a certain type of, e.g., group) health insurance policies must provide benefits (either full or a specified minimum dollar amount) for X where "X" constitutes a specific item of health care service."[7]

The earliest mandated benefits laws generally covered alcohol and drug abuse treatment, or mental health services. More recently mandated benefits laws have been passed for a varied group of services, such as for prenatal and newborn services, or home health care services.

Mandated benefits laws are written in several ways: one type requires that the service be covered without referral to the provider of services while another type specifies, for example, that psychologists and clinical social workers shall be directly reimbursed for rendering mental health services. While both types of laws may allow reimbursement to a range of providers, the second type of law has been actively supported by professional associations which want to insure that their professional members will be eligible for direct third-party reimbursement. Such "freedom of choice" laws are still strongly supported by the American Psychological Association, the National Association of Social Workers, the National Federation of Societies for Clinical Social Work, and the American Association for Counseling and Development. In the past, many of the state mandated benefits laws requiring coverage of mental health services limited reimbursement to physicians or psychiatrists, thereby excluding the

behavioral science professions from direct reimbursement. However, this has changed markedly in the last decade.

Chart III.1 lists the states that have mandated inclusion of a health profession's services by year in state law. Although the chart covers fourteen professions, for the purposes of this discussion, the focus will be on psychologists and social workers. By 1983, thirty-three states had passed laws that specifically referenced psychologists as eligible providers for third-party reimbursement for mental health or counseling services. Five of these laws were passed before 1974, nineteen between 1974 and 1979, and nine from 1980-1984. Similar freedom of choice laws continue to be introduced in states which have not yet adopted them.

By 1984, ten states had passed laws allowing licensed social workers (sometimes specified as clinical social workers) to receive direct reimbursement for mental health or counseling services rendered to clients. Six of these laws were passed between 1975 and 1979 while four were enacted between 1980 and 1983.

A more recent study released in 1986 by the U.S. General Accounting Office -- Clinical Social Work: State Laws Governing Independent Practice and Reimbursement of Services -- found twelve states with insurance laws that recognize clinical social workers as alternative providers of mental health services. "The actual language of state insurance laws recognizing clinical social workers as alternative providers of mental health services varies from a direct statement that the policies must give the policyholder the right to choose a clinical social worker if the policy includes mental health coverage, to language requiring the insurer to offer the policyholder the option of coverage that would permit the use of clinical social worker. One state, New Hampshire, permits an additional premium for the

CHART III.1

"MANDATED INCLUSION OF HEALTH PROFESSION'S SERVICES BY STATE AND YEAR ENACTED"

	Chiropractors	Dentists	Nurse Anesthetists	Nurse Midwives	Nurse Practitioners	Occupational Therapists	Osteopaths	Optometrists	Physical Therapists	Podiatrists	Psychiatric Nurses	Psychologists	Speech/Hearing Therapists	Social Worker
ALABAMA	75	75						67		76		82		
ALASKA	83	83			83		83	83						
ARIZONA	83	77										83		
ARKANSAS										75		75		
CALIFORNIA						78		80			82	80	78	76
COLORADO												79		
CONNECTICUT	71	75		84	84	82		75	75		84	75		79
DELAWARE														
FLORIDA	76			83					74		74			
GEORGIA												80		
HAWAII		74										84		
IDAHO											76			
ILLINOIS								80		81				
INDIANA	74	74					74	74		74				
IOWA								83						
KANSAS		73						73		73		74		82
KENTUCKY	80											75		
LOUISIANA	75	74												
MAINE	79	75						82			83	75		83
MARYLAND				78	79							73		77
MASSACHUSETTS		75										75		82
MICHIGAN												68		
MINNESOTA	73	73	83	83	83			73		73		75		
MISSISSIPPI	80			79	77							74		
MISSOURI	78	78				84		78		78		83		
MONTANA		83	83	83	83							81		
NEBRASKA		75		84								74		
NEVADA	82	75					75	75		75		80		
NEW HAMPSHIRE												81		83
NEW JERSEY	81	79		83								73		
NEW MEXICO	84	77		79			77					77		
NEW YORK		75		82					73			71		77
NORTH CAROLINA	73											77		
NORTH DAKOTA	79													
OHIO	80	73					80			80		74		
OKLAHOMA	71	71		71				71		71		71		
OREGON		71	80					76				76		
PENNSYLVANIA	81			82				78				78		
RHODE ISLAND														
SOUTH CAROLINA	80									72				
SOUTH DAKOTA			80		80									
TENNESSEE		74					82	65		81		74		
TEXAS	79	83						79		77		77	83	
UTAH	75			79				75		75		75		75
VERMONT														
VIRGINIA	79						77	77		77		77		79
WASHINGTON	83		81	81	81						71			
WEST VIRGINIA					83						77			
WISCONSIN	76							82						
WYOMING							71							
DC														

Note: The numbers in the table represent the year that a law was passed mandating health insurance coverage for services performed by these professionals.

Source: Compiled by Blue Cross/Blue Shield, Washington, DC, 1984.

option to use clinical social workers."[8] This study also found that no state medicaid programs currently recognize an independently practicing clinical social worker as an alternative provider of mental health services.[9]

Mandated benefits laws, especially those that include coverage of the behavioral science professions, are one of the hottest topics in the entire debate over whether and how to regulate the behavioral science professions. Why? Most state mandated benefits laws require the practitioner to be duly licensed by the state before the practitioner is eligible for direct third-party reimbursement. Thus practitioners want (and usually require) state licensure before they can receive third-party reimbursement for their services. Given this licensure/reimbursement connection, many observers blame the desire of allied health and behavioral science practitioners to receive third-party reimbursement for the large number of state licensure bills that state legislatures have received in the past decade. While there seems little doubt that this linkage exists, the primary policy question is: what impact on health care costs and quality of service does mandated benefit legislation have?

The distinction between mandatory coverage of services and mandatory access to particular providers needs to be made. There is clear evidence that mandatory coverage of services under state insurance laws has caused the price of insurance to rise. In 1984, Wisconsin had 13 statutes that mandated 25 different health care benefits, more than most states. One educated estimate was that these mandates increased health insurance costs by 13-18% a year for business employers who are not self-insured.[10]

On a small scale, the potential cost impact of mandating services can be seen in a real-life experiment at the University of Wisconsin - Madison.

In 1983, nearly one-third of the students who bought student health insurance took advantage of the mandatory psychiatric coverage. Forty-five percent of the claims were for alcohol, drug and psychiatric treatment. As a result, student health insurance rates in 1984-85 more than doubled from the 1983-84 rate.[11]

As already noted, frequently mandated benefits laws require coverage of services and payment to any state licensed practitioner eligible to provide such services. These types of laws increase overall health care costs because more people use the services (or charge the services to health insurance), and health care expenditures covered by third-party payors rise.

The second type of mandatory benefits legislation specifies additional providers who can receive reimbursement for services provided. There is some evidence that this type of legislation does not raise total health care costs but may actually lower costs. Why? Because lower cost practitioners under expanded practitioner coverage may provide the services. For example, nurse-midwives may substitute for physicians in obstetrics care, and clinical social workers may substitute for psychiatrists for psychotherapy.

The U.S. Office of Personnel Management conducted a study on whether additional health care practitioners authorized to receive payment as independent practitioners should be under the Federal Employees Health Benefits Program (FEHBP). This study particularly examined what the cost impact would be to expand payment to additional practitioners. After examining cost impacts of several pilot "expanded practitioner payment" programs the study concluded:[12]

> Historically, OPM and its predecessor agency, the Civil Service Commission, along with most of the major insurance carriers, have

> argued that mandating coverage of additional categories of providers would lead inevitably to an increase in utilization and, hence, drive up program costs. By and large, the FEHB carriers stated essentially the same concern in response to our request for their views on the advisability of extending coverage for the purposes of this study. OPM can no longer support this view. The adverse consequences forseen in 1973 in connection with mandating coverage for optometrists and psychologists proved largely chimerical. Under the MUA experiment, increased utilization, except in the case of chiroprators, was insignificant. Further, there is the incontestable fact that alternative providers have been recognized under many of our plans for a considerable period of time now, not only without adverse consequences, but in some cases with beneficial ones.

While the OPM study supported expansion of authorized practitioners who provide services, the authors warned against passing additional mandatory services because that would almost certainly lead to higher health care costs for FEHBP.

> There is real concern among the FEHB insurers that mandating coverage of practitioners is but the first step toward legislating coverage of alternative, and additional, health care procedures and services. OPM shares this concern. Not only is legislating benefits inconsistent with the negotiation of contracts and pro-competition concept of consumer choice among different packages of benefits, depending on the benefits involved, it has real potential for driving up costs and utilization. We strongly urge the Congress to withstand all pressures for movement in this direction.[13]

In response to the study, Rep. Mary Rose Oakar introduced the Federal Employees' Health Care Freedom of Choice Act of 1986 in May 1986. The main provision of the legislation requires FEHBP plans to directly reimburse qualified nurses, nurse practitioners, nurse anethetists, clinical social workers, marriage and family therapists, and chiropractors for covered services rendered to federal enrollees. In order to be reimbursed, these professionals must be licensed or certified as qualified providers under state law. (As of October 1, 1986, the legislation had not been enacted.)

Conclusion

States continue to enact additional mandated benefits laws which require that specific health services be offered and specific health

practitioners be covered under payment for the services offered by health insurance companies in that state. There is clear evidence that mandating health services does raise the cost of insurance. There is mixed evidence about the cost impact of mandating coverage of additional health care practitioners.

Mandatory reimbursement to a range of practitioners offers the consumer more choices for receiving health care to the extent that lower-cost practitioners are substituted by consumers for higher-priced practitioners. Frequently, however, the insurance laws may refer to "licensed" health care practitioners as a necessary requirement for reimbursement. This requirement places a heavy burden on state legislators to enact new licensing statutes (and create additional state regulatory structures) for the many currently unlicensed behavioral science professions and allied health occupations.

E. Dealing with the Incompetent Practitioner and Strengthening Enforcement

The chief purpose of state regulation of the professions is to protect the public, but public testimony at legislative hearings and investigative reports in newspapers frequently point out that state licensing boards are not as fully effective in enforcement as in the assessment of initial competency.

Enforcement involves finding the incompetent or unethical practitioner and bringing a well-developed case to bear against them so that appropriate disciplinary sanctions can be taken.

Several studies, including one by the American Psychological Association, have found that at least five percent of male psychologists and fewer than one percent of female psychologists admit to having engaged in sexual contact or intercourse with clients during the course of

treatment. The majority of these psychologists are likely to engage in sexual relations with more than one client.[14] Usually clients who have sexual relations with their therapists suffer long-term harm, including a loss of self-esteem, more frequent guilt and depression, and an increase in alcohol and drug abuse. Many of these people return to therapy at a later date to try to overcome these problems with a different therapist.[15]

The professional communities of psychologists and the other behavioral science professions consider sexual relations between a therapist and his client to be unprofessional and unethical conduct. Yet such incidents of sexual relations are infrequently reported to licensing boards by abused clients or later therapists.

The need to protect clients from sexual abuse and other unprofessional conduct is a principal reason professional associations say state licensure is needed for psychologists, counselors, social workers and others who practice psychotherapy. Clearly sexual abuse in psychotherapy is a serious problem, but it is not certain that state licensure as currently practiced can eradicate or is a necessary step to eradicate client sexual abuse by psychotherapists.

A range of options are under discussion or have recently been enacted in the state. Some of the main options are discussed below.

o Get Information to Clients

The State of Washington is considering legislation that would require every counselor of whatever title or style of practice to provide each prospective client with a disclosure statement. This statement would provide information on the counselor's training and experience but equally important, it lists acts of unprofessional conduct which are not acceptable forms of treatment under any circumstances. Sexual contact or intercourse

are specifically referenced.

The disclosure statement would contain the following information:

1. Registration or certification under this chapter is not to be construed as an endorsement of, nor does it warrant, the effectiveness or appropriateness of any counseling discipline, theory, technique, or course of treatment, nor necessarily imply the competence of any person registered or certified under this chapter.
2. Personal information regarding the person registered or certified under this chapter:
   a. Name, business address, registration number, and phone number at which the person can be reached during regular business hours;
   b. Any relevant education, training, and experience; and
   c. Explanation of therapeutic orientation and areas of specialization.
3. Proposed course of treatment, including:
   a. Type, length, and timing of sessions;
   b. Special techniques employed;
   c. Method of establishing therapeutic goals, including client's level of involvement in negotiating goals, and method and frequency of reviewing goals and the client's progress towards the goal;
   d. Financial arrangements and requirements, including charges per session, policy regarding scheduled sessions missed, other anticipated charges, and terms of payment.

4. List of acts of unprofessional conduct subject to discipline and the address and phone number for referring complaints, if any, to the department.
5. The legal right to refuse any part of treatment.
6. The complete disclosures of the limits of confidentiality as prescribed by section 11 of this act.
7. Such other information as the director [of the Washington Department of Licensing] may determine by rule.

o Get Information to Counselors

Although efficacy of mandatory continuing education is not established, state professional associations could offer courses on how to deal with sexual attraction and transference during the therapeutic process. Such courses could also give counselors information on treatment programs or other options available in-state or out-of-state for further assistance to counselors who have sexual contact with their clients.

o Generate More Complaints and Work with "Victims"

Identifying sexually abusive therapists and building strong cases against them is very difficult. Too often abused clients don't feel strong enough to file a grievance knowing they will be asked to testify in public about what happened. They may feel guilty, blameworthy and embarrassed, and above all, unwilling to expose such a vulnerable part of themselves to the scrutiny of their families and the public.

The Minnesota Task Force on Sexual Exploitation, convened in 1984-85, considered this issue. Participants debated whether to require mandatory reporting by counselors of abusive counselors as they learn such information from clients who have been abused by a prior therapist. Mandatory reporting laws should generate more complaints and information for state

enforcement authorities to use, but the laws have potentially negative impacts such as violating the rights of patients to privacy, and the right of counselors to protection against false or malicious accusations.[16]

The 1985 Minnesota law that resulted from the Task Force's report requires the second therapist to inform the client that the sexual contact that occurred was illegal and that they have the right to file charges against the first therapist. If the client declines to do so, the second therapist can decide whether or not to inform the appropriate regulatory board of the allegations, and provide the name of the accused therapist and the time and place of occurrence, but not the name of the client.[17]

Under a mandatory reporting law, the name of the client need not be disclosed. Rather, the regulatory board or the attorney general's office would be able to maintain records of complaints and use their scarce resources to actively investigate those practitioners who compile multiple complaints against them. Also, victims may be more willing to testify if others are ready to corroborate their testimony.

o Implement Tough Sanctions and Define Terms

Enforcement officials need a clearcut statutory basis for pursuing sexually exploitive therapists under unprofessional conduct sections or criminal misconduct statutes. The 1985 Minnesota law defines sexual relations with a client or former client as "criminal misconduct," and the therapist who is convicted can face criminal penalties (including a fine and possible prison term) as well as the revocation of his counselor's license.[18]

The Minnesota law also defines basic terms. Patient is a person who seeks or obtains psychotherapeutic services. Psychotherapist is a physician, psychologist, nurse, chemical dependency counselor, social worker,

clergy, or other person, whether or not licensed by the state, who performs or purports to perform psychotherapy. Psychotherapy is defined as treatment, assessment or counseling of a person with a mental or emotional illness, symptom or condition.[19]

Equally as important, the Minnesota law recognizes that persons in therapy are vulnerable persons and are not in a position to give informed consent to having sex with their therapist. The law clearly places the full blame for sexual relations on the therapist, not the client. Under the Minnesota law, Emotionally Dependent means that the patient's or former patient's emotional condition is such that the psychotherapist knows or has reason to know that the patient or former patient is unable to withhold consent to sexual contact or sexual penetration by the psychotherapist. Therapeutic Deception means a representation by a psychotherapist that sexual contact or sexual penetration by the psychotherapist is consistent with or part of the patient's treatment. The law specifically states that if sexual penetration occurs during a psychotherapy session, consent by the complainant is not a defense. If the client or former client is emotionally dependent on the therapist, or if sexual penetration occurred by means of therapeutic deception, consent by the client is no defense.[20]

o Other Alternatives

Benjamin Shimberg, a thoughtful analyst of state regulatory policies in the behavioral sciences, suggests that all therapists, whether licensed, certified or registered -- should be required to carry malpractice liability coverage. In a recent speech, Shimberg said: "This recommendation was prompted by something that happened recently in Texas. An insurance company made a substantial out-of-court settlement in a case involving a psychologist. The psychology board revoked the offender's license. After

two years the therapist appealed for reinstatement. The board allowed the therapist to resume practice on probation. Theoretically, he was to practice under supervision, but it did not work out that way. While still on probation, the therapist had sex with another client. Unfortunately, the client could not collect any damages because the therapist carried no malpractice coverage and he had transferred all of his assets to his wife. I believe it should be illegal to practice without coverage because without it, the victim has little possibility of recovering damages."[21]

State regulatory boards and agencies, and consumer protection offices can devote more resources to protecting the public from sexually exploitive therapists. First, each state needs a strong law that clearly defines who is covered, the offenses, and the possible penalties. Second, the enforcement resources will have to be allocated to identify alleged abusers, develop a strong case, and prosecute to the full extent of the state's powers. If state resources are not available to assist the victims, then state officials can refer victims to private clinics or other appropriate places for follow-up therapy.

FOOTNOTES

1. "State Regulation of Occupations and Professions," by Frances Berry and Douglas Roederer, Book of the States (Lexington, Kentucky: Council of State Governments, 1984) p. 420.

2. State Sunrise Programs: Deciding When to Regulate Health Professions, Ellen Hume (Lexington, Kentucky: Council of State Governments, 1986) p. 3.

3. State of Washington Statute, Substitute House Bill #359, Chapter 169, 1983, p.2.

4. The Regulation of Psychotherapists: Vol I, Daniel Hogen, (Cambridge, Massachusetts: Ballinger Publishing Co., 1979) p. 220-221.

5. Perspectives on Health Occupational Credentialing,(Washington, D.C.: National Commission of Health Certifying Agencies, 1979) p.85.

6. David Jeffries, personal communication, June 13, 1985.

7. From "State Statutes Mandating Coverage of Allied Health Practitioners," State Health Legislation Report, (Chicago, Illinois: American Medical Association, Aug. 1985) p. 32.

8. Clinical Social Work: State Laws Governing Independent Practice and Reimbursement of Services, (U.S. General Accounting Office: U.S. Government Printing Office, Washington, D.C. 1986) p.13.

9. Ibid, p. 14.

10. "Mandated Benefits Irk State's Biggest Health Insurers," by Kevin Dwyer, Milwaukee Journal, August 6, 1984, p.8.

11. "Health-Care Mandate Proposal could limit 'overuse and abuse'," by Kevin Dwyer, Milwaukee Journal, September 10, 1984.

12. "A Study Relating to Expanding the Class of Health Practitioners Authorized to Receive Direct Payment or Reimbursement In Accordance with 5 U.S.C. 8902 (R) 11)," U.S. Office of Personnel Management (Washington, D.C.: U.S. Government Printing Office, 1986) p. 28.

13. Ibid, p.30.

14. "Psychotherapist-Patient Sex: A Proposal for a Mandatory Reporting Law," by Joseph C. George, Pacific Law Journal, Vol. 16, Jan 1985.

15. From a speech presented by John B. Welsh, Jr. at session on "Sexual Abuse by Practitioners" at Fifth Annual CLEAR Conference, Orlando, Florida, August 14, 1985.

16. From a speech presented by Benjamin Shimberg on "Sexual Abuse of Clients: A Powder Keg Issue" at the Fifth Annual CLEAR Conference, Orlando, Florida, August 14, 1985, p.5.

17. Ibid, p. 5.

18. Ibid, p. 4.

19. Ibid, p. 4.

20. Ibid, p. 5.

21. Ibid, p. 4.

CHAPTER IV

STATE REGULATION OF COUNSELORS

COUNSELORS

Type of State Regulation

Six different types of counselors are regulated by the states: professional counselors, marriage and family therapists, pastoral counselors, drug counselors, alcoholism counselors, and substance abuse counselors (see Table IV-1). Few states regulate pastoral counselors (i.e., two states), drug counselors (i.e., one state), alcoholism counselors (i.e., one state), and substance abuse counselors (i.e., one state), and in each case, the level of state regulation is certification or registration, not licensure.

Ten states regulate professional counselors, eight through licensure and two through certification. (Note: During the 1985 legislative sessions, five additional states -- Maryland, Montana, Mississippi, Oklahoma and Missouri, passed counselor legislation but have not yet developed the necessary administrative regulations.)

Eleven states regulate marriage and family therapists: five states through licensure, five states through certification, and one state through registration.

Virginia regulates all six types of counselors except substance abuse counselors. Three other states (Florida, Georgia and Tennessee) regulate both professional counselors, and marriage and family therapists.

PROFESSIONAL COUNSELOR

Scope of Practice

Five states (Arkansas, Florida, Georgia, North Carolina and Texas) use a scope of practice statement to define the practice of professional counseling where "scope of practice" shall mean rendering or offering to render to individuals, groups, organizations or the general public any

service involving the application of principles, methods, or procedures of the counseling profession which include but are not restricted to:

1. "Counseling" which means assisting an individual or groups, through the counseling relationships, to develop understandings of personal problems, to define goals and to plan action reflecting his or her interests, abilities, aptitudes and needs as these are related to personal-social concerns, occupations and careers, and educational progress.

2. "Appraisal activities" which means selecting, administering, scoring and interpreting instruments designed to assess an individual's aptitudes, attitudes, abilities, achievements, interests and personal characteristics, but shall not include the use of projective techniques in the assessment personality.

3. "Consulting" which means interpreting or reporting scientific fact or theory to provide assistance in solving current or potential problems of individuals, groups, or organizations.

4. "Referral activities" which means the evaluating of data to identify problems and to determine the advisability of referral to other specialists.

5. "Research activities" which means reporting, designing, conducting, or consulting on research in counseling with human subjects.

Alabama's scope of practice contains all but sections (3), (4) and (5). Virginia utilizes all but section (5) within its scope of practice. Idaho informs the practitioner what his/her scope of practice is when the original license is sent so that allowable scopes of practice are directly linked to an individual's educational and training background.

MARRIAGE AND FAMILY THERAPY

Marriage therapy is a specialized counseling service afforded to individuals and married couples which centers primarily upon the relationship between husband and wife. An example of a scope of practice which is representative of most states' scope of practice section is found in New Jersey law:

> The practice of marriage counseling consists of the application of principles, methods and techniques of counseling and psychotherapy for the purpose of resolving psychological conflict, modifying perception and behavior, altering old attitudes and establishing new ones in the

> area of marriage and family life. In its concern with the antecedents of marriage, with the vicissitudes of marriage, and with the consequences of the failure of marriage, marriage counseling keeps in sight its objective of enabling marital partners and their children to achieve the optimal adjustment consistent with their welfare as individuals, as members of a family, and as citizens in society.

The Model Act developed by the American Association of Marriage and Family Therapy differs somewhat from the above statute in that there is an emphasis placed on the health-service aspect of marriage therapy:

> "Marital and family therapy" means the diagnosis and treatment of nervous and mental disorders, whether cognitive, affective, or behavioral, within the context of marital and family systems. Marital and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, marital pairs, and families for the purpose of treating such diagnosed nervous and mental disorders.

Utah's practice act incorporates the health service orientation.

Organization of State Regulatory Bodies and Functions

Organizationally, the regulatory structures for counselors are diverse. For professional counselors, six states have a board of examiners in counseling, three states have a composite board regulating counselors, social workers, and marriage and family therapists, while one state employs a departmental administrator to exercise regulatory functions.

The size of counseling boards ranges from four to 11 people. Six of the eight boards have public members and all of the boards have a majority of members who are counselors, or members of the regulated professions.

Six states have a board of marriage and family counselors, three states have a composite board regulating marriage and family therapists (MFTs), and two states delegate regulatory functions to departmental administrators. Six of the eight boards have public members; only California has a majority of public members. Marriage and family therapy boards are composed of MFTs or other members of professions regulated by composite boards.

Pastoral counselors, drug counselors, alcoholism counselors, and substance abuse counselors regulatory structures are each unique since so few exist (see Table IV-2).

In a majority of states, the regulatory board grants approval of educational programs accredited by one of six regional accrediting agencies of the Association of Secondary Schools and Colleges (see Table IV-3). In the other states, the board has statutory authority to approve and accredit educational programs.

Each regulatory board or administrator has the power to suspend and revoke licenses and certifications, and to investigate complaints (see Table IV-4). Georgia's law provides the widest range of sanctions, including restricted licensure, reprimand, probation, administrative fines, and "other disciplinary actions," while Florida and Tennessee each provide several types of sanctions beyond suspension and revocation.

All states except one regulating professional counselors, require applicants to sit for a written exam, while seven of 11 states regulating MFTs use a written exam for state licensure or certification. Applicants for pastoral counselors are not examined, but those for drug, alcoholism, and substance abuse counselors are given both written and oral exams (see Table IV-5).

Requirements for Licensure

In order to apply for a state license or certificate as a professional counselor or MFT, an applicant must have a masters degree in an appropriate educational program and have from one to five years in relevant job experience under supervision. Few states have citizenship or residency requirements. Most states either specify that applicants must be of good moral character or furnish letters of reference to the board. The pastoral,

drug, alcoholism, and substance abuse counselors primarily require work experience for certification application (see Table IV-6).

Fee Schedule

The fee schedules for application, renewal and other fees are listed in Table IV-7.

Interstate Recognition of Credentials

For professional counselors, MFTs and other counselors, most states endorse the license or certification granted by another state, provided that requirements for state regulation are substantially similar (see Table IV-8).

Continuing Education Requirement

Six of the eight states that license professional counselors require continuing education credits as a condition of renewal while two states do so for MFTs (see Table IV-9).

COUNSELORS
TYPE OF STATE REGULATION*
PROFESSIONAL COUNSELORS

STATE	TYPE	CITATION
Alabama	Licensure	CA 34-8A-2.1
Arkansas	Licensure	Act 593-3a
Florida	Licensure (a)	FS 490.005(2)c
Georgia	Licensure	OC G 43-7A-7
Idaho	Licensure	IC 54-3401
North Carolina	Certification	GLNC 90-331
Ohio	Licensure	AM Sub.H.B.205-4757.02(A)
Tennessee	Certification	HB 2093-10
Texas	Licensure	ART 4512g.2-1
Virginia	Licensure	CV-BPC4.2
MARRIAGE AND FAMILY THERAPISTS		
California	Licensure	Bus. & Prof. Code 4980
Connecticut	Certification (b)	CGS 383a-20-195b
Florida	Licensure	FS 490.005
Georgia	Licensure	OCG 43-7A-7
Michigan	Registration	Act 299 of 1980
Nevada	Certification	NRS 641A.040
New Jersey	Licensure	NJSA 45:8B-2a
North Carolina	Certification	GSNC 90-270.48
Tennessee	Certification	TCA 63-22-109
Utah	Licensure	UCA 58-39-4
Virginia	Certification	CV-BPC 2:3:8
PASTORAL COUNSELORS		
New Hampshire	Certification	NHRSA 330-A:16c
Virginia	Certification	CV-BPC 2.3:C
DRUG COUNSELOR		
Virginia	Certification	CV-Doc 6.1
ALCOHOLISM COUNSELOR		
Virginia	Certification	CV-Doc5.1
SUBSTANCE ABUSE COUNSELOR		
Maine (c)	Registration	Rules

KEY:

* States which adopted counselor laws during the 1985 legislative session were not included in this study
a Referred to as mental health counselor
b CT certifies as Marriage & Family Therapists, those applicants who have been accepted by the American Association of Marriage & Family Therapy
c In Maine a person is not required to be registered or provisionally registered in order to perform substance abuse counseling

Source: HPLIS/CSG; December 31, 1984

TABLE IV-2

COUNSELORS
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS
PROFESSIONAL COUNSELORS

STATE	NAME	PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	Board of Exam. in Coun.	5**	2	0	7	CA 34-8A-4
Arkansas	Board of Exam. in Coun.	6**	1	0	7	Act 594-5
Florida	Dept. of Prof. Regulation[a]	0	0	0	0	FS 490.015
Georgia	See (b)	3	1	6[c]	10	OCG 43-7A-4
Idaho	St. Counselor Lic. Bd. Dept. of Self-Govern. Agen.	3*	1	0	4	IC 54-3403
N. Carolina	Bd. of Reg. Prac. Counselors	5**	2	0	7	GLNC 90-333
Ohio	Counselor & Social Worker Bd.	4	3	4[d]	11	HB 205-4757.03
Tennessee	See (e)					
Texas	Bd. of Examiners of Pro. Coun. Dept. of Health	9	0	0	9	TCSA 6F-4512c-5
Virginia	Bd. of Prof. Counselors	7*[g]	0	0	7	VC 54-933

MARRIAGE AND FAMILY THERAPISTS

California	Bd.of Behavorial Science Ex.	2	6	3[m]	11	
Connecticut	Dept. of Health Services	0	0	0	0	CGS 3832-20-195b
Florida	Dept. of Prof. Regulation[a]	0	0	0	0	FS 490.015
Georgia	See (b)	3	1	6[h]	10	OCG 43-7A-4
Michigan	Board of Marriage Counselors Dept. of Licensing & Reg.	6	0	0	6	ART. 15 sec.1502
Nevada	Bd. of Marriage & Family Counselor Examiners	4	2	0	6	NRS 641A.100
New Jersey	St. Bd. of Marriage Counselor Examiners Dept. of Law & Public Safety	5	2	0	7	NJSA 45:8B-9
N. Carolina	Marital & Family Therapy Certification Bd.	4	3	0	7	GSNC 90-270.50

STATE	NAME	PROF.	PUB.	OTHER	TOTAL	CITATION
Tennessee	See (e)					
Utah	Cmte. of M&F Therapists Dept. of Business Reg.	4	1	0	5	
Virginia	Bd. of Prof. Counselors Bd. of Behavioral Science	1	0	6*[f]	7	VC 54-933
	PASTORAL COUNSELORS					
New Hampshire	Bd. of Ex. of Psychology	1	1	5*[i]	7	RSA 330-A:3
Virginia	Bd. of Prof. Counselors Bd. of Behavioral Science	1	0	6*[j]	7	VC 54-933
	DRUG COUNSELOR					
Virginia	Substance Abuse Cert. Cmte. Bd. of Prof. Counselors Bd. of Behavioral Science	2	0	3[k]	5	VC 54-934.1
	ALCOHOLISM COUNSELOR					
Virginia	Substance Abuse Cert. Cmte. Bd. of Prof. Counselors Bd. of Behavioral Science	2	0	3[l]	5	VC 54-934.1
	SUBSTANCE ABUSE COUNSELOR					
Maine	Bd. of Regis. of Sub. Abuse Coun. Dept. of Business Reg.	7	2	0	9	Rules

KEY:

*One member engaged in education
**Two members engaged in education
***Three members engaged in education

a Regulatory functions are performed by the Director of the Division of Registration, DPR
b Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists, will be established July 1, 1985
c Three licensed social workers; three licensed marriage and family therapists
d Two social workers and two independent social workers
e Board of Certification for Professional Counselors, and Marital and Family Therapists consists of the membership of the state licensing board for the healing arts

f See Footnote (d) plus one pastoral counselor in place of the marriage and family therapist
g See Footnote (d) plus pastoral counselor
h Three licensed social workers; three licensed professional counselors
i Two certified psychologists; one associate psychologist; one teacher of psychology who has a doctoral degree; and one certified clinical social worker
j Two members from the Substance Abuse Certification Committee; one teacher of counseling; one educational counselor; one rehabilitation counselor; one marriage an family counselor
k Two members eligible for certification as alcoholism counselors; one eligible as either a drug or alcoholism counselor
l Two members eligible for certification as drug counselors; one eligible as either a drug or alcoholism counselor
m Two licensed clinical social workers; one licensed educational psychologist

Source: HPLIS/CSG; December 31, 1984

TABLE IV-3

COUNSELORS
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAM	PROMULGATE REGULATIONS
Arkansas	Board	Regional	Board
Alabama	Board	Regional	Board
Florida	Dept.	Dept.(a)	
Georgia	Board	Board	Board
Idaho	Board	Board	Board
North Carolina	Board	Regional	Board
Ohio	Board (g)	(h)	Board
Tennessee	Board	SACS (b)	Board
Texas	Board	Regional	Board/Dept.
Virginia	Board	Regional or (c)	Board
	MARRIAGE AND FAMILY THERAPIST		
California	Board	WASC/NASHS (d)	Board
Connecticut	(i)	Regional	
Florida	Dept.	(a)	Dept.
Georgia	Board	CAMFTE (e)	Board
Michigan	Board	Board	Board
Nevada	Board	Board	Board
New Jersey	Board	Board	Board
N. Carolina	Board	Board	Board
Tennessee	Board	(f)	Board
Utah	Dir. of Div. of Registration	CAMFTE (e)	Committee
Virginia	Board	Regional or (c)	Board
	PASTORAL COUNSELORS		
New Hampshire	Board	Regional	Board
Virginia	Board	Regional or (c)	Board
	DRUG COUNSELOR		
Virginia	Board	Committee	Board
	ALCOHOLISM COUNSELOR		
Virginia	Board	Committee	Board
	SUBSTANCE ABUSE COUNSELOR		
Maine	Board	Board	Board

KEY:

Regional- Refers to accreditation by one of six regional accrediting agencies that compose the Association of Secondary Schools and Colleges

a College or university accredited by an accrediting agency approved by the U.S. Department of Education

b Southern Association of College and Schools (SACS is one of the six agencies referred to in note on Regional)

c The Virginia State Council of Higher Education

d Western Association of Schools and Colleges or the Northwest Association of Secondary and Higher Schools

e Commission on Accreditation for Marriage and Family Therapy Education

f America Association of Marriage and Family Therapists National Standards

g With the recommendation of the Counselors Professional Standards Committee which consists of the Professional Counselor members of the Board and one representative of the general public

h An accrediting agency accepted by the Board of Regents

i The Connecticut Department of Health maintains a registry of those persons having been accepted by the American Association for Marriage and Family Therapy

Source: HPLIS/CSG; December 31, 1984

TABLE IV-4

COUNSELORS

ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES
PROFESSIONAL COUNSELORS

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Alabama	CA 34-8A-16	x	x						a
Arkansas	Act 593 of '79-15	x	x						
Florida	FS 490.009	x	x			x		x	
Georgia	OCG 43-7A-17	x	x	x		x	x	x	a,b
Idaho	IC 54-3407	x	x						
North Carolina	GSNC 90-340	x	x						
Ohio	H.B. 205-4757.13	x	x						
Tennessee	TCA 63-22-110	x	x	x		x			a
Texas	TCSA 4512g-16	x	x						
Virginia	PC 6.2	x	x						

MARRIAGE AND FAMILY THERAPISTS

California	CBPC 4982	x	x						
Connecticut	d								
Florida	FS 490.009	x	x			x		x	
Georgia	OCG 43-7A-17	x	x	x		x	x	x	a,b
Michigan	R 338.1831	x	x						
Nevada	RSN 641A.310	x	x						
New Jersey	NJSA 45:8B-25	x	x						
North Carolina	GSNC 90-270-60	x	x						
Tennessee	TCA 63-22-110	x	x	x		x			a
Utah	UCA 58-39-8	x	x						
Virginia	PC 6.2	x	x						

TABLE IV-4

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
				PASTORAL COUNSELOR					
New Hampshire	RSA 330-A:14.3			x		x			c
Virginia	PC 6.2	x	x						
				DRUG COUNSELOR					
Virginia	BS 3.3	x	x						
				ALCOHOLISM COUNSELOR					
Virginia	BS 3.3	x	x						
				SUBSTANCE ABUSE COUNSELOR					
Maine	R.3	x	x						

KEY:

a Board may take other disciplinary action
b Board may direct applicant to submit to such care, counseling, or treatment as the Board may direct
c Board may require applicant to participate in a program of continuing education in the area of deficiency
d The CT Department of Health has the power to investigate complaints and take disciplinary action

Source: HPLIS/CSG; December 31, 1984

COUNSELORS
EXAMINATION OF APPLICANTS
PROFESSIONAL CONSELORS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	x	May	May	CA34-8A-7.8
Arkansas	x	May	May	Act 593 of 1979,11
Florida	x (a)			FS490,005(c)5
Georgia	x	May	May	OCG 43-7A-9
Idaho	x			R,C-3
North Carolina	x			Rule 0502
Ohio	d			HB 205-4757.05
Tennessee	Exam required on or after July 1, 1986			TCA 63-22-107.b
Texas	x	May	May	R.681-164
Virginia	x	x		PC 3.1:D
MARRIAGE AND FAMILY THERAPISTS				
California	x	May		CBDC 4980.40d
Connecticut	No (e)			
Florida	x (a)			FS 490.005(b)5
Georgia	x	May	May	OCG 43-7A-9
Michigan	No			
Nevada	x	May		RSN 641A.230
New Jersey	x	May		NJSA45:8B-19
North Carolina	x	May		GSN 90-270.55
Tennessee	Exam required on or after July 1, 1986			TCA 63-22-107.d
Utah	f			UCA 58-39-7
Virginia	No			
PASTORAL COUNSELORS				
New Hampshire	No	yes		PSY 604.02
DRUG COUNSELORS				
Virginia	x	yes (b)		Doc 5.1E
ALCHOLISM COUNSELORS				
Virginia	x	yes (b)		Doc 3.10
SUBSTANCE ABUSE COUNSELORS				
Maine	X	(c)		R.2:1A

KEY:

a Applicants are required to pass a jurisprudence examination on state laws and regulations
b A work sample will be used as the basis for questioning
c Applicant will be asked to tape a counseling session and prepare a written summary of the case
d Board may use exams prepared by the National Board for Certified Counselors
e The American Association of Marriage and Family Therapy does not give an exam. They base their evaluation on education experience and training
f The exam will be held according to the methods the committee deems to be the most practical and expeditious
x Examination is administered by the Board or Department

Source: HPLIS/CSG; December 31, 1984

TABLE IV-6

COUNSELORS
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS
PROFESSIONAL COUNSELORS

STATE	CITATION	EDUCATION	INTERN.[1]	MORALS	AGE	CIT.	RES.	APPRENT.
Alabama	CA 34-8a-7	Masters	3 yrs.	a,b	19	(u)	yes	
Arkansas	Act 593-1979-8	Masters	3 yrs.	b,e,d	18	(u)	(u)	
Florida	FS 490.005c	Masters	2 yrs.+ 1 yr.*					
Georgia	OCGA 43-7a-8	Masters	1 yr.+ 3 yrs.*	c				
Idaho	IC 54-3405	Masters	1000 hrs.					
North Carolina	GSNC 90-336	Masters	2 yrs.	d				
Ohio	HB 205-4757.07	Masters(k) Doctorate(l) Diagnosis(m)						
	HB 205-4757.08	Assoc.	500hrs.					yes
Tennessee	TCA 63-22-104	Masters	2 yrs.	a	18			
Texas	TCSA-4512g-10	Masters	2 yrs.		18			
Virginia	BPC 2.12.2	Masters	2 yrs.	f				
MARRIAGE AND FAMILY THERAPISTS								
California	CBPC 4980.40	Masters	2 yrs.	b	18			
Connecticut	See (n)	Masters	1 yr. + 2 yrs. super*	o				
Florida	FS 490.005(b)	Masters	2 yrs.+ 1 yr.*					
Georgia	OCGA 43-7a-8	Masters	1 yr. + 3 yrs. *	c				
Michigan		Masters	5 yrs.*	a			yes	
Nevada	RSN 641A.220	Masters	1 yr.*	a	21	yes(v)		yes
New Jersey	NJSA 45:8B-14	Masters	5 yrs.*	a,b	21			
North Carolina	GSNC 90-27054	Masters	1500 hrs.	a,b				
Tennessee	TCA 63-22-106	j		a	18			
Utah	UCA 58-39-6	Masters	3 yrs.*	a				
Virginia	BPC 2.3:B	s	100 hrs.					
PASTORAL COUNSELORS								
New Hampshire	PSY 602	Masters	q					
Virginia	BPC 2.3:C	p	100 hrs.					
DRUG COUNSELORS								
Virginia	Doc. 4.0	r	2000 hrs. Supervised*	g,i				

STATE	CITATION	EDUCATION	INTERN.[1]	MORALS	AGE	CIT.	RES.	APPRENT.
			ALCOHOLISM COUNSELORS					
Virginia	Doc. 2.1		t 2000 hrs.	g,i				
			SUBSTANCE ABUSE COUNSELORS					
Maine	Rule 1.1	h	2 yrs.*	g	18			

KEY:

1. An internship is defined as supervised work experience
* Experience
a Applicant be of "good moral character"
b Applicant must not have committed acts or crimes constituting grounds for denial of licensure under this act
c Applicant must furnish at least two personal references from supervisors, teachers, or any combination thereof
d Applicant must furnish three references, two from persons in related professional area, (in North Carolina, one of whom is or was a supervisor) and one nonacademic character reference
e Applicant is "highly regarded in personal character and professional ethics"
f Applicant must submit five endorsement letters attesting to the character and professional integrity of the applicant
g Must have abstained from active abuse of alcohol or any other drug for at least two years prior to the date of application
h Must have completed 30 semester hours of college level course work in appropriate social science field or its equivalent in appropriate substance abuse training
i Must submit endorsement letters attesting to the character and professional integrity of the applicant
j Certified as a Professional Counselor in Tennessee and meets the American Association of Marriage and Family Therapists national standards
k With 60 quarter hours of graduate credit in counselor training, plus three years supervised experience approved by the Board, two years of which were completed after receiving the Masters
l With 90 quarter hours of graduate credit in counselor training, plus two years of supervised experience approved by the Board, one year of which was completed after receiving the Doctorate
m An endorsement authorizing the Professional Counselor to include the diagnosis and treatment of mental and emotional disorders Requirements include: 90 quarter hours of graduate credit in counselor training, 30 hours of which include specific instruction. The supervised experience needed for licensure as a Professional Counselor may be applied if it included the diagnosis and treatment of mental and emotional disorders in a clinical or private counseling setting. In addition, persons having a masters must pass an examination administered by the Board and pass a field evaluation completed by employers, instructors or supervisors

n Requirements for acceptance by the American Association of Marriage and Family Therapy
o Applicant must provide endorsement by two clinical members of the American Association for Marriage and Family Therapy
p Applicant must meet all requirements of licensure as a Professional Counselor, with the graduate degree being either in Divinity or Theology
q One unit of full time clinical pastoral education and 125 hours in supervision of counseling by two different supervisors. Must be recognized as a minister, priest, rabbi or religious leader
r Completion of a 500 hour drug program from an accredited college or a program acceptable to the Committee
s Applicant must meet all requirements of licensure as Professional Counselor. Within the graduate hours required, 15 semester hours shall be in the specialty area
t Completion of a 400 hour alcoholism program from an accredited college or a program approved by the Committee
u Or applicant has declared intent
v Or is lawfully entitled to remain and work in the United States

Source: HPLIS/CSG; December 31, 1984

COUNSELORS
SCHEDULE OF FEES
PROFESSIONAL COUNSELORS

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCAL
Alabama	$ 75+$100a		$100/Bi			
Arkansas	$100	cost	$100/Bi			
Florida	$150		$100/Bi			$100
Georgia	(e)					
Idaho	$50 + $50a	$50	$50/An			$ 50
North Carolina	$ 75	$75	$50/Bi			
Ohio	$75*	cost	$75*/Bi			
Tennessee	$100*		$25/An			
Texas	$25+$36a	$35	$15/An			
Virginia	$50	$75	$75/Bi			
MARRIAGE AND FAMILY THERAPIST						
California	$ 30	$30*	$30/Bi			
Connecticut	(d)					
Florida	$150		$100/Bi			$100
Georgia	(e)					
Michigan	$ 75a		$50			
Nevada	$ 15b	$30	$80*/Bi			$ 50
New Jersey	$ 60a	$60	$55/An	$25		$ 25
North Carolina		$50*				
Tennessee	$ 25*		$25/An			
Utah	$ 75*		$50*/Bi			
Virginia	$ 25c	$25c	$75/Bi			$ 75
PASTORAL COUNSELOR						
New Hampshire	$100		$50/An			
Virginia	$ 25c	$25c	$75/Bi			
DRUG COUNSELORS						
Virginia	$ 25	$75	$50/Bi			
ALCOHOLISM COUNSELOR						
Virginia	$ 25	$75	$50/Bi			
SUBSTANCE ABUSE COUNSELORS						
Maine	$25 + $100a	$25	$100/Bi			

KEY:

* Shall not exceed
a Initial licensure or registration fee
b Plus $25 certification fee
c In addition to the fees required for License as Professional Counselor
d The CT Department of Health does not require any fees or renewal. The American Association for Marriage & Family Therapy requires annual dues
e Fees will be established after July 1, 1985

Bi = Biennial
An = Annual

Source: HPLIS/CSG; December 31, 1984

TABLE IV-8

COUNSELORS
RECIPROCITY AND ENDORSEMENT
PROFESSIONAL COUNSELORS

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a	CA 34-8A-15
Arkansas	Endorsement	a	R 9.2
Florida	Endorsement	a+d	FS 490.006
Georgia	Reciprocity	a+e	OCG 43-7A-10
Idaho	Endorsement	a	Rule F
North Carolina	Endorsement	a	Rule .0304
Ohio	Reciprocity	a+e	HB 205-4757.10
Tennessee	Endorsement	a or b	TCA 63-22-103
Texas	Endorsement	a	TSCA 4512g-18
Virginia	Endorsement	a	BPC 1.1
MARRIAGE AND FAMILY THERAPIST			
California	Endorsement	a	CBPC 4890.90
Connecticut	None		
Florida	Endorsement	a+d	FS 490.006
Georgia	Reciprocity	a+e	OCG 43-7A-10
Michigan	None		Occ Code,299
Nevada	Endorsement	a	RSN 641A.240
New Jersey	Endorsement	a	NJSA 45:8B-21
North Carolina	Endorsement	a,f	GSNC 90-270.56
Tennessee	Endorsement	a or c	TCA63-22-103
Utah	None		
Virginia	Endorsement	a	BPC 1.1
PASTORAL COUNSELORS			
New Hampshire	Endorsement	a	PSY 605.01
Virginia	Endorsement	a	BPC 1.1
DRUG COUNSELORS			
Virginia	Endorsement	a	Doc 3.1
ALCOHOLISM COUNSELORS			
Virginia	Endorsement	a	Doc 1.1
SUBSTANCE ABUSE COUNSELORS			
Maine	Endorsement	a	R.5

KEY:

a. Applicant must hold a valid license issued by a board of examiners or corresponding authority of any state, provided the requirements for such licensure are substantially equivalent to this state
b. Applicant certified by the National Board for Certified Counselors and meets other requirements of this chapter
c. Applicant who is a clinical member of the American Association for Marriage and Family Therapy and meets other requirements of this chapter
d. The department will not issue a license by endorsement to any applicant who is under investigation in another state for an act which would constitute a violation of this chapter until such time as the investigation is complete
e. Applicant's state or territory must accord a similar privilege to holders of licenses under this chapter
f. Applicant who holds a valid and unrevoked certificate as a Registered Practicing Counselor, or its equivalent, issued under the authority of any state or the District of Columbia and who resides within NC, may perform work within the state provided applicant registers with the state and complies with its rules regarding such registration

Source: HPLIS/CSG; December 31, 1984

TABLE IV-9

COUNSELORS
CONTINUING EDUCATION REQUIREMENTS
PROFESSIONAL COUNSELORS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alabama	Yes	R255-x-7-.03	Board shall determine
Arkansas	Yes	R7.3	24 hrs. Biennially
Florida	Yes	21U-502	30 hrs. Biennially
Georgia	Yes	OCG 43-7A16	Board shall establish
Idaho	No		
North Carolina	No		
Ohio	Yes	AM.H.B. 205	Min. of 24 hrs. Biennially
Tennessee	No		
Texas	Yes	TCSA 681.252	74 hrs. every 3 yrs.
Virginia	No		
MARRIAGE AND FAMILY THERAPIST			
California	May	CBPC4986.30	
Connecticut	No		
Florida	Yes	21U-502	30 hrs. Biennially
Georgia	Yes	OCG 43-7A-16	Board shall establish
Michigan	No		
Nevada	No		
New Jersey	No		
North Carolina	No		
Tennessee	No		
Utah	No		
Virginia	No		
PASTORAL COUNSELORS			
New Hampshire	Yes	Psy 607.03	Not specified
Virginia	No		
DRUG COUNSELORS			
Virginia	Yes	Doc 6.4B	60 Hrs. Biennially
ALCOHOLISM COUNSELORS			
Virginia	Yes	Doc 5.3B	60 Hrs. Biennially
SUBSTANCE ABUSE COUNSELORS			
Maine	No		

Source: HPLIS/CSG; December 31, 1984

CHAPTER V

STATE REGULATION OF PSYCHOLOGISTS

PSYCHOLOGISTS

Type of State Regulation

All states, including Puerto Rico and the District of Columbia, regulate psychologists. Five states certify and the other 47 states regulate the profession through licensure. (See Table V-1).

Scope of Practice

The model practice act prepared by the American Psychological Association is representative of the scope of practice which most states have incorporated into their statutes:

> The practice of psychology includes, but is not limited to, psychological testing and evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests and aptitudes; counseling, psychotherapy, hypnosis, biofeedback training and behavior therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, and the psychological aspects of physical illness or disability; psychoeducational evaluation, remediation and consultation. Psychological services may be rendered to individuals, families, groups, and the public.

One of the major distinguishing factors of the scope of practice sections in the states' psychology laws is whether the scope of practice is focused on health services, or includes a broader scope of practice involving consultations, and organizational counseling.

An example of a health-services-oriented scope of practice is found in Hawaii's statute. HRS 465-1 defines the practice of psychology as:

> A person practices "psychology" who performs any professional service which consists of, requires, and is limited to the application of psychological principles, techniques, and instruments for the purpose of assessment, diagnosis and treatment of significant behavorial, emotional and mental disorders as defined by the most current diagnostic manual of the American Psychiatric Association; and for the purpose of the assessment, diagnosis, and rehabilitation of organic brain syndromes. (emphasis added)

The words which are highlighted are the ones which indicate that this scope of practice includes health services. The states with statutes similar to Hawaii's include Alaska, Colorado, and Michigan.

The great majority of states, although their individual definitions of the practice of psychology may not exactly reflect the APA's model, fall within the broader scope of practice for psychologists.

The diversity in the wording of the statutes may reflect not only actual differences in the scope of practice of the states, but also the antiquated nature of many of the state laws. Licensure was first enacted in 1955. The jargon of the profession has changed since many of the states enacted their laws, and thus the differences in language may not reflect actual variances in the practice of psychology from state to state.

Organization of State Regulatory Bodies and Functions

Nearly every state regulates psychologists through psychology boards. Two states regulate the profession through a psychology subcommittee of the medical board and two other states have psychology boards or committees that report to departmental administrators. About half of the boards (i.e. 32 states) have public members sitting on the board. Fifteen state boards are exclusively composed of psychologists, while every board has a majority of psychologists on the board. Eighteen states specify that one or more of the board members must teach psychology at a university. See Table V-2 for more detailed information on the composition of psychology boards.

In most of the states the psychology board issues licenses and promulgates rules for the profession. Most of the states use either the American Psychological Association or one of the six regional accrediting agencies that comprise the Association of Secondary Schools and Colleges as the accrediting body for the educational programs. (See Table V-3).

All state boards can suspend and revoke a license. Relatively few boards have other sanction options such as reprimands, fines and probation. For additional sanctions available to the boards, see Table V-4.

All states require the applicant to take the examination for professional practice in psychology, administered by the Professional Examination Service. Many also require the applicant to take an oral exam as well. (See Table V-5).

Requirements for Licensure

All states either require a Ph.D. for psychologist applicants, or accept a master's degree combined with 3-5 years of work experience. Most states require good moral character, and half the states have a minimum age requirement. Nine states have a residency requirement while six states require U.S. citizenship of applicants. (See Table V-6).

Interstate Recognition of Credentials

Most of the states endorse licenses of psychologists from other states who meet the conditions set out in Table V-8. The remaining states either reciprocate (i.e. six states) or do not allow interstate recognition of credentials (i.e. one state).

Continuing Education Requirements

Less than one third of the states (i.e. thirteen states) require continuing education as a condition of license renewal. (See Table V-9).

Fee Schedule

Table V-7 shows the fee schedule for six types of fees.

PSYCHOLOGIST
TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Licensure	CA 34-26-41
Alaska	Licensure	AS 08.86.180
Arizona	Certification	ARS 32-2087
Arkansas	Licensure	AS 72-1507
California	Licensure	C. Bus. & Prof. Code 2903
Colorado	Licensure	CRS 12-43-102(6)
Connecticut	Licensure	CGS 20-187a
Delaware	Licensure	DCA 3506
Florida	Licensure	FS 490.003 (3)
Georgia	Licensure	OCG 43-39-8
Hawaii	Licensure	HRS 465-15
Idaho	Licensure	IC 54-2303
Illinois	Certification	111 IRS 5303
Indiana	Certification	IC 25-33-1-6
Iowa	Licensure	IC 154B.4
Kansas	Licensure*	KSA 74-5340
Kentucky	Licensure	KRS 319.005
Louisiana	Licensure*	RS 37:2359
Maine	Licensure	32 MRSA 3812
Maryland	Licensure	ACM 16-301
Massachusetts	Licensure	ALM 112-122
Michigan	Licensure	Public Health Code, Act 368
Minnesota	Licensure	MS 148.91
Mississippi	Licensure	MCA 73-31-23
Missouri	Licensure	RSMo 337.015
Montana	Licensure	MCA 37-17-301
Nebraska	Licensure	RS 71-1,207
Nevada	Licensure*	NRS 641.390
New Hampshire	Licensure*	RSA 330-A:2
New Jersey	Licensure	NJSA 45:14B-5
New Mexico	Certification	NMSA 67-30-13(1)
New York	Licensure	CLNYA 153-7601
North Carolina	Licensure	NCGS 90-270.16
North Dakota	Licensure	NDCC 43-32-17
Ohio	Licensure	ORCA 4732.21

STATE	TYPE	CITATION
Oklahoma	Licensure	59 OS 1353
Oregon	Licensure	ORS 675.020
Pennsylvania	Licensure	Act 52,3
Rhode Island	Certification	GLRI 5-44-2
South Carolina	Licensure	Act, s. 6
South Dakota	Licensure	Act, s 10
Tennessee	Licensure	TCA 63-1110
Texas	Licensure	Act, s. 22
Utah	Licensure	UCA 58-25-5
Vermont	Licensure	26 VSA 3002
Virginia	Licensure	VC 54-939.1
Washington	Licensure	RCW 18.83.020
West Virginia	Licensure	WVC 30-21-3
Wisconsin	Licensure	WSA 455.02(1)(a)
Wyoming	Licensure	WS 33-27-102
D.C.	Licensure	DCCA 2-1704.1
Puerto Rico	Licensure	Act, s.3

KEY:

* Although this is designated in the state law as certification, according to this study's definition of licensure, certification and registration, it is in effect licensure

Source: HPLIS/CSG; December 31, 1984

PSYCHOLOGIST
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	Bd. of Examiners in Psychology	5**	0	0	5	Rules 750-X
Alaska	Bd. of Psychologist & Psychological Associate Examiners Dept. of Commerce & Econ. Development	4	1	0	5	AS 08.86.0
Arizona	St. Bd. of Psychologist Examiners	5**	2	0	7	ARS 32-206
Arkansas	Ark. Bd. of Examiners in Psychology	5**	1	1[a]	7	AS 72-1501
California	Psychology Examining Committee Bd. of Medical Examiners	5	3	0	8	CB&PC 2920
Colorado	St. Bd. of Psychologist Examiners	7***	2	0	9	CRS 12-43-1
Connecticut	Bd. of Examiners of Psychologists	5	0	0	5	CGS 20-186
Delaware	Bd. of Examiners of Psychologists	5	1	0	6	DCA 3502
Florida	Bd. of Psychological Examiners Dept. of Professional Regulation	5	2	0	7	FS 490.004
Georgia	St. Bd. of Examiners of Psychologists	5	1	0	6	OCG 43-39-1
Hawaii	Bd. of Certification for Practicing Psychologists Dept. of Commerce & Consumer Affairs	5	2	0	7	HRS 465-4
Idaho	St. Bd. of Psychologist Examiners Dept. of Self-Governing Agencies	3	0	0	3	IC 54-2304
Illinois	Psychologists Examining Committee Dept. of Registration & Education	5**	0	0	5	111 IRS 53(
Indiana	St. Bd. of Examiners of Psychology	5	1	0	6	IC 25-33-1-
Iowa	Bd. of Psychology Examiners Dept. of Health					
Kansas	Behavioral Sciences Regulatory Bd.	2	3	2[e]	7	
Kentucky	Board of Examiners of Psychologists	5	0	0	5	KRS 319.020
Louisiana	St. Bd. of Examiners of Psychologists Dept. of Health & Human Resources	5**	0	0	5	RS 37:2353
Maine	St. Bd. of Examiners of Psychologists	5[b]	1	0	6	32 MRSA 382

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
Maryland	St. Bd. of Examiners of Psychologists	5**	1	0	6	ACM 16-202
Massachusetts	Bd. of Registration of Psychologists	4	1	0	5	
Michigan	Bd. of Psychology Dept. of Licensing and Regulation	5	3	0	8	Regs 18-223
Minnesota	Board of Psychology	7	4	0	11	MS 148.90
Mississippi	St. Bd. of Psychological Examiners	5***	1	0	6	MCA 73-31-5
Missouri	St. Cmte. of Psychologists Bd. of Healing Arts Dept. of Consumer Affairs, Reg. & Lic.	5*	1	0	6	RSMo 337.050
Montana	Bd. of Psychologists Dept. of Commerce					
Nebraska	Bd. of Examiners of Psychologists Dept. of Health	5	1	0	6	
Nevada	Bd. of Psychological Examiners	4	1	0	5	
New Hampshire	St. Bd. of Examiners of Psychologists	4*	1	2[c]	7	RSA 330-A:3
New Jersey	Bd. of Psychological Examiners Dept. of Law & Public Safety	7	0	0	7	NJSA 45:14B-9
New Mexico	St. Bd. of Psychological Examiners	5	0	0	5	NMSA 67-30-4
New York	St. Bd. for Psychology State Education Dept.	11	0	0	11	CLNYA 153-7602
N. Carolina	State Board of Examiners of Practicing Psychologists	3	2	2[d]	7	GSNC 90-270.6
N. Dakota	St. Bd. of Psychologist Examiners	5*	0	0	5	NDCC 43-32-02
Ohio	State Board of Psychology	6	1	0	7	ORCA 4732.02
Oklahoma	St. Bd. of Examiners of Psychologists	5	2	0	7	59 OS1354
Oregon	St. Bd. of Psychologist Examiners	5	2	0	7	ORS 675.100
Pennsylvania	St. Bd. of Psychologist Examiners Dept. of State	6**	2	1[f]	9	Act 52.476.1
Rhode Island	Board of Psychology	4*	1	0	5	GLRI 5-44-4
S. Carolina	St. Bd. of Examiners in Psychology	6*	1	0	7	Act s.1

STATE	NAME OF BOARD & DEPARTMENT	NUMBER OF BOARD MEMBERS PROF.	PUB.	OTHER	TOTAL	CITATION
S. Dakota	Board of Examiners of Psychologists Dept. of Commerce	4	1	0	5	Act s. 3
Tennessee	St. Bd. of Examiners in Psychology	5**	0	0	5	TCA 63-1101
Texas	St. Bd. of Examiners of Psychologists	6*	2	1[d]	9	Act s. 4
Utah	Representative Committee in Psychology Dept. of Business Regulation	5	0	0	5	UCA Code 58
Vermont	Board of Psychological Examiners	3	2	0	5	26 VSA 3006
Virginia	Bd. of Psychology St. Bd. of Medicine Dept. of Health Regulatory Bds.	3***	0	0	3	VC 54-937
Washington	Examining Board of Psychology Dept. of Licensing	5	0	0	5	RCW 18.83.0
West Virginia	Bd. of Examiners of Psychologists	5	0	0	5	WVC 30-21-5
Wisconsin	Psychology Examining Board Dept. of Regulation and Licensing	4*	1	0	5	WSA 15.405
Wyoming	St. Bd. of Psychologist Examiners	5	0	0	5	WS 33-27-10
DC	Bd. of Psychologist Examiners Dept. of Consumer & Regulatory Affairs	all	0	0		DCCA 2-1704
Puerto Rico	Psychologists Examining Board	5	0	0	5	Act s. 4

KEY:

* At least one of the board members shall be engaged in the teaching of psychology at a university
** At least two of the board members shall be engaged in the teaching of psychology at a university
***At least three of the board members shall be engaged in the teaching of psychology at a university
a Psychological examiner
b Or psychological examiners
c One certified pastoral counselor and one certified clinical social worker
d Licensed psychological associates
e Two social workers
f Commissioner of Professional and Occupational Affairs

Source: HPLIS/CSG; December 31, 1984

TABLE V-3

PSYCHOLOGIST
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
Alabama	Board	Regional	Board
Alaska	Department	Regional	Board
Arizona	Board	APA or Regional	Board
Arkansas	Board	Board/APA	Board
California	Committee	Committee	Committee
Colorado	Board	Board/APA	Board
Connecticut	Department	Board of Educ.	Board
Delaware	Board	St. Education Code or Regional	Board
Florida	Dept./Board	APA	Department
Georgia	Board	Board	Board
Hawaii	Department(a)	Board/APA	Board
Idaho	Board	Board/APA	Board
Illinois	Department	Department	Department
Indiana	Board	Regional	Board
Iowa	Board	Board/Regional	Board
Kansas	Board	(c)	Board
Kentucky	Board	APA or Regional	Board
Louisiana	Board	Board/Regional	Board
Maine	Board	Board/APA	Board
Maryland	Board	Board/APA	Board
Massachusetts	Board	U.S. Office of Educ. or Commonwealth	Board
Michigan	Board	Board/Regional	Board
Minnesota	Board	Board/APA	Board
Mississippi	Board	APA or Regional	Board
Missouri	Department	Regional	Department
Montana	Board	Board	Board
Nebraska	Department	Board	Board
Nevada	Board	Board/APA	Board
New Hampshire	Board	Regional	Board
New Jersey	Board	Regional or Board of Ed.	Board
New Mexico	Board	Dept. of Ed.	Board
New York	Dept./Board	Department	Department
North Carolina	Board	APA	Board
North Dakota	Board	APA	Board
Ohio	Board	Regional	Board

STATE	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAMS	PROMULGATE REGULATIONS
Oklahoma	Board	Regional	Board
Oregon	Board	Board/Regional	Board
Pennsylvania	Board	Regional	Board
Rhode Island	Board	APA	Department(a)
South Carolina	Board	Regional	Board
South Dakota	Board	Regional	Board
Tennessee	(b)	Board	Board
Texas	Board	Regional	Board
Utah	Department(a)	Dept./APA	Board
Vermont	Board	Regional	Board
Virginia	Board	Regional	Board
Washington	Department	Board/APA	Board
West Virginia	Board	Board	Board
Wisconsin	Board	Board/Regional	Board
Wyoming	Board	Board	Board
D.C.	Mayor	Mayor/US Office of Education	Council of DC/Board
Puerto Rico	Board	Regional	Board

KEY:

APA - American Psychological Association

Regional - Refers to accreditation by one of six regional accrediting agencies that comprise the Association of Secondary Schools and Colleges

(a) Duties performed by the director of the department
(b) Licenses are issued by the State Licensing Board for the Healing Arts
(c) Doctoral program must have "standards consistent with those of the state universities of Kansas," KSA 74-5310

Source: HPLIS/CSG; December 31, 1984

TABLE V-4

PSYCHOLOGIST
ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Alabama	Act 535 Sec 9	x	x						
Alaska	AS 08.86.206	x	x	x	x	x	x		a
Arizona	ARS 32-2081	x	x				x		
Arkansas	AS 72-1510	x	x						
California	CB&PC 2960	x	x				x		
Colorado	CRS 12-43-111	x	x				x		
Connecticut	CGS 20-192	x	x						
Delaware	DCA 3513	x	x						
Florida	FS 490.009	x	x			x		x	
Georgia	OCG 43-39-13	x	x						
Hawaii	HRS 465-13	x	x				x		
Idaho	IC 54-2309	x	x						
Illinois	111 IRS 5316	x	x		x	x	x		
Indiana	IC 25-33-1-13.1e	x	x		x	x	x		f
Iowa	IC 470-140.212	x	x						
Kansas	KSA 74-5324	x	x						
Kentucky	KRS 319.081	x	x						
Louisiana	RS 37:2360	x	x						
Maine	32 MRSA 3837	x	x						
Maryland	ACM 16-312	x	x			x			
Massachusetts	ALM 112-128	x	x						
Michigan	Regs 16226	x	x	x		x	x	x	
Minnesota	MS 148.95	x	x			x			
Mississippi	MCA 73-31-21	x	x						
Missouri	RSMo 337.035	x	x		x		x		

TABLE V-4

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Montana	MCA 37-17-311		x						
Nebraska	RS 71-1,209	x	x						
Nevada		x	x			x	x		
New Hampshire	NRSA 330-A:14	x	x	x		x			a
New Jersey	NJSA 45:14B-24	x	x						
New Mexico	NMSA 67-30-12	x	x						
New York									
N. Carolina	GSNC 90-270.15	x	x						
North Dakota	NDCC 43-32-27	x	x						
Ohio	ORCA 4732.17	x	x			x			
Oklahoma	59 OS.1370	x	x						
Oregon	ORS 675.070	x	x						
Pennsylvania	Act 52.476.1(3)	x	x						
Rhode Island	GLRI 5-44-18	x	x						
S. Carolina	Act	x	x						
South Dakota	Act	x	x						
Tennessee	TCA 63-1119	x	x						
Texas	Act, s.23	x	x			x			b
Utah	Rule 7h	x	x						
Vermont	26 VSA 3016a	x	x						c,d,e
Virginia	VC 54-927g	x	x						
Washington	RCW 18.83.130	x	x						
West Virginia	WVC 30-21-10	x	x						
Wisconsin	WSA 455.09	x	x	x		x	x		
Wyoming	WS 33-27-109	x	x						
D.C.	DCCA 2-1704.11	x	x						
Puerto Rico	Act,s. 19	x	x						

KEY:

a Board may require licensee to participate in continuing education in the areas in which he or she has been found deficient
b Board shall have the right to order corrective advertising when a psychologist has engaged in false, misleading or deceptive advertising
c Board may issue warnings to licensee
d Board may notify other governmental agencies of any pending or completed disciplinary case against the licensee
e Board may require licensee to restore fees he or she received from person who originally brought complaint to board
f Board may order a reasonable physical or mental examination if applicant's physical or mental capacity to practice is at issue in a disciplinary proceeding
x Denotes Board has this power

Source: HPLIS/CSG; December 31, 1984

TABLE V-5

PSYCHOLOGISTS
EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	x[a]	may		CA 34-26-41.4
Alaska	x			12 AAC 60.110
Arizona	x			ARS 32-2072
Arkansas	x	yes		Regs, 72-1508
California	x	may		CB&PC 2942
Colorado	x[a]			CRS 12-43-109
Connecticut	x			CGS 20-188
Delaware	x	yes		Rule 3E
Florida	x			Rules 21U-11.03
Georgia	x	yes		Rules 510-2-.06
Hawaii	x	yes		Rules, 16-98-29
Idaho	x	may		Rules, Sec. C
Illinois	x			111 IRS 5311.6
Indiana	x			868-IAC 1.1-5-4
Iowa	x			Regs, 470-140.8
Kansas	x			KAS 102-1-4
Kentucky	x	may	may	KAR 26:120
Louisiana	x	yes		Rules of Lic.
Maine	x	yes[c]		Regs, I-6-B
Maryland	x	yes		R 10.36.05
Massachusetts	x	may		ALM 112-120
Michigan	x			R 338.2505
Minnesota	x	yes		7 MCAR 10.005
Mississippi	x	yes		Bd. Rules, sec. 4
Missouri	x[b]			RSMo 337.020(3)
Montana	x	yes		Rule 8.52.608
Nebraska	x			RS 71-1,211
Nevada	x	may		NRS 641.180
New Hampshire	x			Regs. Psy 304.04
New Jersey	x	yes		Regs. 13:42-3.1
New Mexico	x	yes		NMSA 61-9-11
New York	x			CLNYA 7603.4
North Carolina	x			GSNC 90-270.11
North Dakota	x	yes		NDCC 43-32-23
Ohio	x			Rules, 4732-9-01

TABLE V-5

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Oklahoma	x	may		59 OS 1365
Oregon	x	yes		OAR 858-10-025
Pennsylvania	x			49 PA Code 41.41
Rhode Island	x			Bd. Rules 7.1
South Carolina	x	yes		Act, sec. 9
South Dakota	x	yes		Regs 20:60:05:06
Tennessee	x	yes		Regs 1180-2-.11
Texas	x[a]	yes		Act
Utah	x			Regs, 58-25-3
Vermont	x			Bd. Rule 2.3(4)
Virginia	x	yes		Regs. 3.1
Washington	x	yes		WAC 308-122-410+420
West Virginia	x	yes		Rules, Ch.1, s. 8
Wisconsin	x[b]			WSA 455.04
Wyoming	x	may		WS 33-27-105
DC	x	may		DCCA 2-1704.6(3)
Puerto Rico	yes			Act, s. 13

KEY:

a Includes testing on appropriate statutes and professional ethics
b Includes testing on ethical issues
c Applicants are recuired to submit work samples
x Examination for Professional Practice in Psychology (EPPP) administered by Professional Examination Service

Source: HPLIS/CSG; December 31, 1984

TABLE V-6

PSYCHOLOGIST
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	EDUC.	INTERN.[1]	MORALS	AGE	CIT.	RES.
Alabama	CA 34-26-41	Ph.D.		a	19		
Alaska	AS 08.86.130	Ph.D.	1 yr.				
Arizona	ARS 32-2071	Ph.D.		a			
Arkansas	Act, s.	Ph.D.	1 yr.	a			
California	CP&BC 2914	Ph.D.	2 yrs.	1			
Colorado	CRS 12-43-109	Ph.D.	2 yrs.		21		
Connecticut	CGS 20-188	Ph.D.	1 yr.				yes
Delaware	DCA 3507	Ph.D.	2 yrs.				yes(f)
Florida	FS 490.005	Ph.D.	2 yrs.				
Georgia	OCG 43-39-8	Ph.D.	1 yr.	a			
Hawaii	HRS 465-7	Ph.D.	1 yr.	a			
Idaho	IC 54-2307	Ph.D.	2 yrs.(k)	a			
Illinois	111 IRS 5311	Ph.D.	2 yrs.(i)	a	21	yes	
Indiana	IC 25-33-1-6	Ph.D.	2 yrs.		18		
Iowa	IC 154B.6	Ph.D.(g)	1 yr.				
Kansas	KSA 74-5130	Ph.D.	2 yrs.	a	21		
Kentucky	KRS 319.050	Ph.D.	1 yr.	a	21	yes	
Louisiana	RS 37:2356	Ph.D.	2 yrs.	a	21	yes	yes(c)
Maine	MRSA 32-3831	Ph.D.	2 yrs.	a			
Maryland	ACM 16-302	Ph.D.	2 yrs.	a	18		yes
Massachusetts	ALM 112-119	Ph.D.	2 yrs.	a			
Michigan	Act 368	Ph.D.	2 yrs.	a			
Minnesota	MS 148.91	Ph.D.(j)	2 yrs.	a	21		
Mississippi	MCA 73-31-13	Ph.D.	1 yr.	a	21	yes	
Missouri	RSMo 337.020	Ph.D.(h)	1 yr.	a	21		
Montana	MCA 37-17-302	Ph.D.	2 yrs.	a	18		yes(c)
Nebraska	RS 71-1,212	Ph.D.		a	21		
Nevada	NRS 641.170	Ph.D.	1 yr.	a	21	yes*	
New Hampshire	RSA 330-A:11	Ph.D.	2 yrs.	a			
New Jersey	NJSA 45:148-17	Ph.D.	2 yrs.	a	21		
New Mexico	NMSA 67-30-8	Ph.D.	2 yrs.	a	18		
New York	CLNYA 153-7603	Ph.D.	2 yrs.	a	21	No	
N. Carolina	GSNC 90-270.11	Ph.D.	2 yrs.	a	18		
North Dakota	NDCC 43-32-20	Ph.D.		a			
Ohio	ORCA 4732.10	Ph.D.	2 yrs.	a	21		
Oklahoma	59 OS 1362	Ph.D.	2 yrs.	a	21		yes
Oregon	ORS 675.030	Ph.D.	2 yrs.	a			
Pennsylvania	Act 52.6	Ph.D.(e)	2 yrs.	a			
Rhode Island	GLRI 5-44-9	Ph.D.	2 yrs.	a			
S. Carolina	Act	Ph.D.	2 yrs.	a	21		

TABLE V-6

STATE	CITATION	EDUC.	INTERN.[1]	MORALS	AGE	CIT.	RES.
South Dakota	Act	Ph.D.	1 yr.				
Tennessee	TCA 63-1112	Ph.D.	1 yr.	a		yes	
Texas	Act	Ph.D.		a	18		
Utah	UCA 58-25-2	Ph.D.	2 yrs.	a			
Vermont	26 VSA 3011	Ph.D.(n)	2 yrs.	a	18		yes
Virginia	Regs. 2.2	Ph.D.	2 yrs.				
Washington	RCW 18.83.070	Ph.D.	3 yrs.	a			
West Virginia	WVC 30-21-7	Ph.D.	1 yr.	*	18		
		Masters	5 yrs.				
Wisconsin	WSA 455.04	Ph.D.	1 yr.	a	18		
Wyoming	WS 33-27-106	Ph.D.		a	21		yes(d)
DC	DCCA 2-1704.6	Ph.D.	2 yrs.	a			
Puerto Rico	Act	Masters	m	a,b,c			yes

KEY:

1 An internship is defined as a supervised work experience
* Or is lawfully entitled to remain and work in the U.S
a Good moral character
b Applicant must include a good conduct certificate issued by the Police Corps of Puerto Rico
c Applicant must submit documentary evidence that the year of service required by Act No. 79 has been complied with, or submit exemption from the Secretary of Health
d Shows evidence of intent to become a resident
e Or a masters degree with four years of experience
f Or has worked full time as a psychologist in the state for a six-month period immediately prior to time of license application
g Or a masters and five years' experience
h Or a masters and three years' experience
i Must have two years of postgraduate experience acceptable to Board, not to include terms of internship
j Requirements for licensure as a licensed consulting psychologist. To become a licensed psychologist, a person must have a Masters with two full years' experience
k Or a lawfully admitted and in status alien registered with the Division of Immigration and Naturalization
l Show by evidence that applicant has completed training in the detection and treatment of alcohol and other chemical substance dependency. This requirement applies only to those who matriculate on or after September 1, 1985
m Supervised practice required by educational institution
n Or a masters degree with two years supervised experience to be licensed as a psychologist-master

Source: HPLIS/CSG; December 31, 1984

TABLE V-7

PSYCHOLOGIST
SCHEDULE OF FEES

STATE	APPLICATION	EXAM	TEMPORARY	RENEWAL	DUPLICATE	RECIPROCAL
Alabama	$125	$100		$ 50/An		$ 25
Alaska	$ 25	$125		$200/4 yrs.		$325
Arizona	$175			$ 70/Bi	$10	
Arkansas	$ 50[a]	Cost				
California	$ 50**	100**		$150**/Bi	$ 5	
Colorado						
Connecticut	$150			$ 25/An	$ 2	$100
Delaware	$100	Cost	$ 20	$ 40/Bi		
Florida	$150			$150/Bi		$150
Georgia	$100	$100	$150			$150
Hawaii***	$10	$75	$15	$30/Bi		
Idaho	$ 30	$100		$ 80/An		$130
Illinois	$ 25	Cost		$ 40/An	$10	$ 50
Indiana	$ 75**	$ 75		$ 37.50/Bi	$25**	
Iowa	$100			$ 70/Bi	$10	
Kansas	$100	$ 82.50	$ 15	$100/Bi		
Kentucky	$100			$ 75**/3 yrs.		
Louisiana	$150**	Cost		$200/An		
Maine	$ 50	$100	$ 50	$ 80/Bi		
Maryland						
Massachusetts	$ 50 + $25[b]		$ 10	$ 25/Bi		
Michigan	$100		$ 15	$ 40/Bi		
Minnesota***		$75		$75/Bi		
Mississippi	$ 75	$ 90	$ 15	$100/An		
Missouri	$125			$ 65/An		$125 (mo)
Montana	$ 75	$ 95		$100/Bi		
Nebraska	$400**			$100**/Bi	$10	
Nevada	$ 25	$ 65		$100/Bi		$ 50
New Hampshire	$125			$ 50/An		
New Jersey	$ 50	$150	$ 25	$100/Bi		$ 75
New Mexico	$150			$100**/An		
New York		$100		$ 60/Bi		$ 65
N. Carolina	$ 50	$120**	$ 10	$ 20/An		
North Dakota		$150		$ 30/An		
Ohio	$ 75			$ 75/Bi		

TABLE V-7

STATE	APPLICATION	EXAM	TEMPORARY	RENEWAL	DUPLICATE	RECIPROCAL
Oklahoma	$300**			$200**/An	$25	
Oregon	$100		$85	$100/An		
Pennsylvania	$ 50*			Bi		
Rhode Island	$ 50	Cost		$ 25/An		
S. Carolina	$100	$120		$100/Bi		
South Dakota	$300			$150/Bi		
Tennessee	$ 50**	$ 75		$ 15/An		
Texas	$ 50	Cost				
Utah	$ 50	Cost		$ 75**/Bi		
Vermont	$ 50	Cost		$ 50**/Bi		
Virginia	$ 75	$225		$ 75/Bi		
Washington	$130			$ 30/An	$ 5	
West Virginia	$ 50	$ 75	$ 50	$ 30/Bi		
Wisconsin	$ 50	Cost	$ 10	$ 35/Bi	$ 5	$ 50
Wyoming		$ 75		$ 25/An		
D.C.***	$30	$200		$60/An		$230
Puerto Rico	$ 25	Cost		$ 30/3 yrs.	$10	$ 40

KEY:

a Initial license fee of $50
b Initial license fee
* Or more, as determined by the board
** Not to exceed
***Information taken from a December 1982 document and may not be current

An = Annual
Bi = Biennial

Source: HPLIS/CSG; December 31, 1984

TABLE V-8

PSYCHOLOGIST
RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a + c, or b	Rule 750-X-06
Alaska	Endorsement	a or b	AS 08.86.150
Arizona	Endorsement	a or b	ARS 32-2072(B)
Arkansas	Endorsement	a or c	AS 72-1509
California	Endorsement	a or b	CB&PC 2946
Colorado	Endorsement	d + a, or b or e	CRS 12-43-108
Connecticut	Endorsement	a or f	CGS 20-190
Delaware	Endorsement	m or b	DCA 3507 (b),3508(b)
Florida	Endorsement	a	FS 490.006
Georgia	Reciprocity	a + h	OCG 43-39-10
Hawaii	Endorsement	a or b	HRS 465-11
Idaho	Endorsement	a	IC 54-2312
Illinois	Endorsement	a	111 IRS 5312(c)
Indiana	Reciprocity	a + h, or b	IC 25-33-1-9
Iowa	Endorsement	a or b	IC 154.B6(3)
Kansas	Endorsement	a	KSA 74-5315
Kentucky	Endorsement	a	KRS 319.061
Louisiana	Endorsement	a or b	RS 37:2356
Maine	Endorsement	a	32 MRSA 3836
Maryland	Endorsement	a	ACM 16-305(b)(2)(ii)
Massachusetts	Endorsement	a or f	ALM 112-121
Michigan	Endorsement	a + n	Public Act 368-15-16186
Minnesota	Endorsement	a or b	MS 148.92(2)
Mississippi	Endorsement	a or b	MCA 73-31-15
Missouri	Endorsement	a	RSMo 337.020(3)
Montana	Endorsement	a	Rules 8.52.609
Nebraska	Endorsement	q	
Nevada	Endorsement	g + (b or k)	NRS 641.130
New Hampshire	Endorsement	a	RSA 330-A:13
New Jersey	Endorsement	a	NJSA 45:148-20
New Mexico	Reciprocity	a + h	NMSA 67-30-9
New York	None	o	CLNYA 7604
North Carolina	Reciprocity	(a+h) or b	GSNC 90-270.13
North Dakota	Endorsement	a	NDCC 43-32-19
Ohio	Endorsement	i	ORCA 4732.15

STATE	TYPE	CONDITIONS	CITATION
Oklahoma	Endorsement	a or b	59 OS 1366
Oregon	Endorsement	a or b	ORS 675.050
Pennsylvania	Endorsement	a or b	49PS-case 41.52
Rhode Island	Endorsement	a or b	GLRI 5-44-11
South Carolina	Endorsement	a or b	Act, s. 10
South Dakota	Endorsement	a + e	Act s. 11
Tennessee	Endorsement	j + (a,b or c)	TCA 63-1115
Texas	Endorsement	(a or b) +d	Act, s. 15b
Utah	Reciprocity	a + h	UCA 58-25-3
Vermont	Endorsement	a or b	26 VSA 3014
Virginia	Endorsement	g + (b or a)	Reg. 1.3
Washington	Endorsement	(a + l) or b	RCW 18.83.170
West Virginia	Endorsement	a	WVC 30-21-7
Wisconsin	Endorsement	a or b	WSA 455.04(3)
Wyoming	Endorsement	a or b	WS 33-27-108
DC	Endorsement	a or p	DCCA 2-1704.8
Puerto Rico	Reciprocity	a + h	Act, s. 16

KEY:

a License will be granted to a person licensed in another state, provided that the other state's requirements are substantially equivalent to those of this state
b Board may grant license if applicant is a diplomate in good standing with the American Board of Examiners in Professional Psychology
c Board may grant license if the applicant is able to satisfy the Board that to grant a license would be in the public interest
d Applicant must pass an examination on state statutes concerning the regulation of psychology
e Applicant must have five years licensed practice in the other state
f The board "may waive the examination for any person holding a diploma from a nationally recognized board or agency approved by the board of examiners"
g All applicants must pass the Board's oral examination
h State will grant license only if applicant's state reciprocates
i Applicant is eligible for license if the requirements for admission to the Ohio exam for psychologists are met
j Out of state applicant can avoid examination if applicant has not previously failed the Tennessee examination
k Board may waive examination of an applicant "who achieved a score on the Examination in the Professional Practice of Psychology of the American Association of State Psychology Boards equal to or surpassing the criterion in Nevada for passage of that examination"
l Applicant must have had two years of experience in other state

m A temporary license will be issued not to exceed one year to a person licensed in another state provided that the other states' requirements are substantially equivalent to those of this state and until such time as the board conducts its regular licensing exam

n Disciplinary proceedings before a similar licensing or registration board of this or any other state or country are not pending against the applicant

o A limited permit may be issued to an applicant who is certified or licensed in another state and whose qualifications have been approved for admission to the exam and who has resided in this state for not more than six months prior to the filing of such application

p Applicant has been certified by a national examining board, provided that the exam given was as effective for the listing of professional competence as that required in the District of Columbia

q The board considers each applicant individually

Source: HPLIS/CSG; December 31, 1984

PSYCHOLOGIST
CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Alabama	No		
Alaska	Yes	12 AAC 60.260	80 hrs. every 4 years
Arizona	No		
Arkansas	No		
California	No		
Colorado	No		
Connecticut	No		
Delaware	Yes	Rule 5-c	40 hrs. biennially
Florida	Yes	Rule 21V-502.01	30 hrs. biennially
Georgia	Yes	Rule 510-7-.01	20 hrs. annually
Hawaii	No		
Idaho	No		
Illinois	No		
Indiana	No		
Iowa	No		
Kansas	Yes	KAR 102-1-15	10 units (6.7 hrs.) biennially
Kentucky	No		
Louisiana	No		
Maine	No		
Maryland	Yes		
Massachusetts	No		
Michigan	May	Regs. 18233	Board has power to establish
Minnesota	No		
Mississippi	No		
Missouri	No		
Montana	May	Rule 8-52-612	Board may recommend implementation
Nebraska	No		
Nevada	Yes		30 hrs. biennially
New Hampshire	No		
New Jersey	No		
New Mexico	Yes	Board Rule #12	20 hrs. annually
New York*	No		
North Carolina	Yes		
North Dakota	No		
Ohio	No		

TABLE V-9

STATE	REQUIRED	CITATION	EXTENT OF EDUCATION
Oklahoma	No		
Oregon	No		
Pennsylvania	No		
Rhode Island	No		
South Carolina	No		
South Dakota	No		
Tennessee	No		
Texas	Yes	See Bd. Rule 461.11	
Utah	Yes	Rules, 58-25-10	Avg. of 24 hrs. annually
Vermont	No		
Virginia	No		
Washington	Yes	WAC 308-122-505	150 hrs. every 3 years
West Virginia	No		
Wisconsin	No		
Wyoming	No		
DC	No		
Puerto Rico	Yes	Established by Bd.	

KEY:

* Information taken from a November 1984 document and may not be current

Source: HPLIS/CSG; December 31, 1984

CHAPTER VI

STATE REGULATION OF SOCIAL WORKERS

SOCIAL WORKER

Type of State Regulation

Thirty-three states regulate one or more categories of social worker (see Table VI-1). Due to the type of work, level of responsibility, and type of supervision the social worker may receive, the majority of states (23 of 33) license or certify more than one level of social worker.

Twenty-four states license at least one level of social worker, while four states certify and eight states register one level of social worker. The difference between levels of state regulation will become clearer as the entry-level education and experience requirements are reviewed later in the narrative.

Scope of Practice

The scope of practice sections of the state statutes contain many similarities. The following scope of practice from Alabama is representative of the majority of states:

> SOCIAL WORK. The professional activity of helping individuals, groups or communities enhance or restore their capacity for social functioning and of preventing or controlling social problems altering societal conditions as a means towards enabling people to attain their maximum potential.
>
> SOCIAL WORK PRACTICE. The professional application of social work values, principles and techniques to one or more of the following ends: helping people obtain tangible services, counseling with individuals families and groups, helping communities or groups provide or improve social and health services, engaging in research related to those ends and principles, and administering organizations and agencies engaging in such practice. The practice of social work requires knowledge of human development and behavior, of social, economic and cultural institutions and of the interaction of all these factors.

The National Association of Social Workers' Model Scope of Practice more broadly defines the scope of practice:

> "Social Work Practice" is defined as the professional activity directed at enhancing, protecting, or restoring people's capacity for social functioning, whether impaired by physical, environmental, or emotional factors.

The Model Act also contains a section concerning clinical social workers:

> "Clinical Social Work Practice" is defined as the application of social work methods and values in the diagnosis and treatment of mental and emotional conditions and in providing psychotherapy.

This scope of practice adds the health service feature of diagnosis and treatment to the scope of practice.

Organization of State Regulatory Bodies and Functions

Social workers are regulated in 27 states by social worker examining boards, in four states by composite boards such as a behavioral science board, in one state by a psychology board (with a social worker represented), and in two state by a departmental administrator. (See Table VI-2 for complete details).

Twenty-four of the 32 boards have public members. Colorado and California have a majority of public members on their boards. Eighteen states have a majority of professional social workers on the board, while seven state boards are exclusively composed of social workers. When there is more than one level of social worker regulated, generally each category of practitioner is represented by law on the board.

About half of the state laws governing the practice of social work recognize educational programs accredited by the Council on Social Work Education, while the other state laws give the board authority to approve or accredit educational programs (see Table VI-3).

All state social work boards have the statutory power to suspend or revoke state-issued licenses, certificates or certificates of registration (see Table VI-4). Some states provide other options for boards to use as

disciplinary sanctions: two states allow restricted licenses; three states allow censure; seven states allow reprimands; five states allow probation; one state allows an administrative fine; one state may order restitution; and five states have a general provision that the board "may take other disciplinary action" without specifying any of the sanctions just noted.

Thirty states require a written exam in addition to approved training and supervised work experience from applicants to qualify for state regulation. Two states require an oral exam In one state an applicant may request an oral exam. None of the states require a practical exam for applicant. Three states that register social workers do not require a written exam; instead, registration is granted on the basis of educational training and work experience.

Requirements for Licensure

As mentioned previously, most states grant more than one level of state regulation through licensure, certification or registration. More specifically, six states recognize four categories of social workers, 12 states recognize three categories of social workers, ten states recognize two categories, and five states recognize only one category of social worker (see Table VI-6). Generalizations about the one-, two-, three- and four-tiered regulatory systems are difficult to make since states do not act uniformly. Nonetheless, some generalizations are valid.

States which regulate only one category (whether by licensure, certification or registration) reserve regulation for persons with master's degrees in social work and several years' of supervised work experience. Their professional training and experience would equip such people for independent practice.

States with two categories of social worker either distinguish between bachelor and master's education with appropriate work experience, or between a social worker with a master's degree and one who is licensed for independent practice which requires additional supervised work experience.

States with three categories generally combine the three distinctions noted in the above paragraph and regulate 1. social workers with a bachelor's degree; 2. social workers with a master's degree in social work; and 3. social workers with an advanced degree in social work and several years of supervised work experience.

States with four categories generally recognize an associate degree in addition to the three categories noted in the above paragraph.

Continuing Education Requirements

According to state social work laws, over half of the states (i.e. 18 states) require continuing education credits as a condition of license or certificate renewal. (See Table VI-9 for complete information).

Interstate Recognition of Credentials

Twenty-five states have endorsement provisions which include various conditions, the most common of which is that the standards of the other state boards equal or exceed those established by the endorsing state board (see Table VI-8). Eight states have reciprocity provisions that in most cases include the provision that standards in the initial credential-granting state are not lower than in the entering state and that the other state accords similar privileges to persons licensed in the entering state. Two states, California and South Carolina, have neither reciprocity nor endorsement provisions in their social work laws.

Fee Schedule

The fee schedules for application, examination, renewal and other commonly-assessed fees are listed in Table VI-7.

TABLE VI-1

SOCIAL WORKER
TYPE OF STATE REGULATION

STATE	TYPE	CITATION
Alabama	Licensure	CA 34-30-22
Arkansas	Licensure	Act 791 of 1981 Sec 1
California	Licensure	CB&PC 4.9020
Colorado	Licensure	CRS 12-63.5-106(1)
	Licensure	CRS 12-63.5-106(2)
	Registration	CRS 12-63.5-106(3)
Delaware	Licensure	DCA 3903
Florida	Licensure	FS 490.003(4)
Georgia	Licensure	OCG 43-7A-1
Idaho	Licensure	IC 54-3214
Illinois	Registration	111 IRS 6304
Iowa	Licensure	House File 2136 Sec 2
Kansas	Licensure	KAR 75-5348
Kentucky	Licensure	KRS 335.030
Louisiana	Licensure	RS 2703
Maine	Licensure	Rule 1.03
Maryland	Licensure	ACM 18-101(c)
Massachusetts	Licensure	ALM 112-130
Michigan	Registration	Art 16-1603
Montana	Licensure	MCA 37-22-101
New Hampshire	Certification	RSA 330-A:16c
New York	Licensure	CLNYA 7702
North Carolina	Certification	GSNC 90B-4
North Dakota	Licensure	NDCC 43-41-04
Ohio	Licensure Registration	AM. H-B 205,4757.02
Oklahoma	Licensure	OC 1251
Oregon	Registration	ORS 675.520
Rhode Island	Registration	GLRI 5-39-1
South Carolina	Registration	CLSC 40-63-10
South Dakota	Licensure	SDCL 36-26-13
Tennessee	Certification	TCA 63-20-102
	Licensure	TCA 63-20-103
Texas	Certification	TCSA 50.010
Utah	Licensure	UCA 58-35-3
Virginia	Licensure	R DOC 1.1
West Virginia	Licensure	WVC 30-30-4

Source: HPLIS/CSG; December 31, 1984

TABLE VI-2

SOCIAL WORKER
ORGANIZATIONAL PATTERN OF STATE REGULATORY BOARDS

STATE	BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
Alabama	State Board of Social Work Examiners	7[a]	0	0	7	CA 34-30-50
Arkansas	Social Work Licensing Bd.	6[b]	1	1[c]	8	Act 791s9
California	Bd. of Behavioral Science Examiners					
	Dept. of Consumer Affairs	2	6	3[d]	11	
Colorado	Bd. of Soc. Work Examiners Dept. of Reg. Agencies	3	4	0	7	CRS 12-63.5-104
Delaware	Bd. of Social Workers Ex.	3	2	0	5	DCA 3904
Florida	Dept. of Prof. Regulation[d]	0	0	0[d]	0	FS 490.15
Georgia	Composite Bd. of Pro Coun. Soc. Workers + M&F Therapists(t)	3	1	6[e]	10	OCG 43-7A-4
Idaho	Bd. of Social Work Exam. Bur. of Occ. Licenses	5[f]	0	0	5	IC 54-3203
Illinois	Social Workers Ex. Cmte. Dept. of Regis. & Ed.	7[g]	0	0	7	111 IRS 6313
Iowa	Bd. of Social Work Exam. Health Dept.	3	2	0	5	IAC 470-161.3
Kansas	Behavioral Sciences Reg. Bd.	2	3	2[d]	7	
Kentucky	St.Bd. of Ex. of Social Workers of KY Dept. of Finance	6[g]	1	0	7	KRS 335.058
Louisiana	St. Bd. of Bd. Certified Social Work Examiners	5*	0	0	5	RS 2704
Maine	Bd. of Social Worker Reg. Dept. of Bus. Regulation	7[h]	1	0	8	32 MRSA 7026
Maryland	St.Bd.of Soc. Work Exam. Dept. of Health & Mental Hygiene	4	1	0	5	ACM 18-202

STATE	BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
Massachusetts	Bd. of Registration of Social Workers					
Michigan	Bd. of Examiners of Social Workers Dept. of Licensing & Reg.	6	3	0	9	
Montana	Bd. of Soc. Work Examiners Dept. of Commerce	4*	1	0	5	MCA 2-15-1854
New Hampshire	St. Bd. of Examiners of Psychologists	1	1	5[i]	7	RSA 330-A:3
New York	St.Bd. for Social Work	7	0	0	7	CLNYA 7703
N. Carolina	Certification Bd. for Social Work	4[j]	3	0	7	GSNC 90B-5
North Dakota	Bd. of Soc. Work Exam.	4[k]	2	0	6	NDCC 43-41-08
Ohio	Counselor & Soc. Worker Bd.	4[r]	3	4[s]	11	H.B. 205,4757.
Oklahoma	St. Bd. of Licensed Social Workers	3	1	3	7	OS 1253
Oregon	St.Bd. of Clinical Social Workers Dept. of Human Res.	4	3	0	7	ORS 675.590
Rhode Island	Bd. of Registration St. Dept. of Social & Rehabilitative Services	5	0	0	5	GLRI 5-39-2
S. Carolina	Bd. of Social Worker Regis.	6	1	0	7	CLSC 40-63-20
South Dakota	Bd. of Soc. Work Examiners Dept. of Commerce & Consumer Affairs	4[m]	1	0	5	SDCL 36-26-3
Tennessee	Bd. of Social Worker Certification & Licensure	4[n]	1	0	5	TCA 63-20-101
Texas	Council for Social Work Certification Human Resources Dept.	6[o]	3	0	9	TCSA 50.004
Utah	Soc. Work Examiners Bd. Div. of Regis. of the Dept. of Regulation	4[p]	1	0	5	UCA 58-35-25

STATE	BOARD & DEPARTMENT	PROF.	PUB.	OTHER	TOTAL	CITATION
Virginia	Bd. of Social Work Dept. of Health Reg. Bds.	5	0	0	5	CV 54-942
West Virginia	Bd. of Soc. Work Examiners	6[q]	1	0	7	WVC 30-30-3

KEY:

* One member engaged in education
a Four licensed certified social workers; two licensed graduate social workers and one licensed bachelor social worker
b Three licensed certified social workers; two licensed master social workers and one licensed social worker
c Psychiatrist certified by the American Board of Psychiatry and Neurology. The Arkansas Board shall be composed of no less than two black members
d Licensed psychologists
e Four licensed professional counselors and three licensed marriage & family therapists
f Three certified social workers and two social workers, four of whom have a degree from a graduate school of social work and three who have an undergraduate degree
g Two shall be or be eligible to be certified social workers with five yrs. experience; two shall be or eligible to be social workers, with two yrs. experience; and two shall be or eligible to be, certified social workers licensed to engage in the independent practice of social work
h Four certified social workers; two regular social workers; and one associate social worker
i Two certified psychologists; one associate psychologist, one teacher of psychology with a doctoral degree and one certified pastoral counselor
j Two certified social workers; two certified clinical social workers
k Two licensed social workers; two licensed certified social workers
l Two licensed social work associates and one member who shall be the president of the Oklahoma Chapter of the National Association of Social Workers
m Two certified social workers; one social worker and one social work associate
n Two independent practitioners; two certified master social workers
o Three certified social workers; three social workers or social work associates
p Two certified social workers; one social service worker; and one social service aide
q Two certified social workers; two graduate social workers and two social workers
r Two social workers and two independent social workers
s Professional counselors
t The Board will be established July 1, 1985
u Two licensed Marriage, Family and Child Counselors and one licensed educational psychologist

Source: HPLIS/CSG; December 31, 1986

SOCIAL WORKER
FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATES	ISSUE LICENSE	APPROVE/ACCREDIT EDUCATIONAL PROGRAM	PROMUGATES REGULATIONS
Alabama	Board	Council	Board
Arkansas	Board	Board	Board
California	Board	Board	Board
Colorado	Board	Board	Board
Delaware	Board	Council	Board
Florida	Department	Council	Board
Georgia	Board	Council	Board
Idaho	Board	Board	Board
Illinois	Department	Department	Department
Iowa	Board	Board	Board
Kansas	Board	Board	Board
Kentucky	Board	Board	Board
Louisiana	Board	Board	Board
Maine	Board	Board	Board
Maryland	Board	Council	Board
Massachusetts	Board	Board	
Michigan	Department	Department	Board
Montana	Board	Board/Council	Board
New Hampshire	Board	Council	Board
New York	Div. of Prof. Licensing	Div./Bd. of Regents	Div./Bd. of Regents
North Carolina	Board	Board/Council	Board
North Dakota	Board	Board/Council	Board
Ohio	Board(a)	(b)	Board
Oklahoma	Board	Council	Board
Oregon	Board	Council	Board
Rhode Island	Board	Council	
South Carolina	Board	Council	Board
South Dakota	Board	Council	Board
Tennessee	Board	Council	Board
Texas	Department	Department	Department
Utah	Division	Board	Board
Virginia	Board	Board	Board
West Virginia	Board	Council	Board recommends to Legislature

KEY:

Agencies are in reference to those in Table V-2.
Council - Council on Social Work Education

(a) With the recommendation of the Social Workers Professional Standards Committee, which is made up of the social work members of the Board, and one member of the general public
(b) An accrediting agency accepted by the Board of Regents

Source: HPLIS/CSG; December 31, 1984

TABLE VI-4

SOCIAL WORKER
ENFORCEMENT FUNCTIONS OF LICENSING BOARDS AND AGENCIES

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Alabama	CA 34-30-4	x	x						
Arkansas	Act 791s17	x	x						
California	Title 16-1858	x	x						
Colorado	CRS 12-63.5-114	x	x				x		a
Delaware	DCA 3916	x	x	x	x	x	x		b
Florida	FS 490.009	x	x			x		x	
Georgia	OCG 43-7A-5(c)	x	x						c
Idaho	IC 54-3211	x	x						
Illinois	111 IRS 6315	x	x						
Iowa	IAC 470-161.211	x	x				x		
Kansas	KSA 75-5356	x	x						
Kentucky	KRS 335.150	x	x						
Louisiana	RS 2713	x	x						c
Maine	32 MRSA 7059	x	x						
Maryland	ACM 18-310	x	x		x				
Massachusetts	ALM 112-137	x	x		x	x			b,c
Michigan		x	x	x			x		d
Montana	MCA37-22-311	x	x			x			
New Hampshire	RSA 330-A:14(III)	x	x	x		x			b
New York									
N. Carolina	GSNC 90B-11	x	x						
North Dakota	NDCC 43-41-10	x	x						
Ohio	H.B. 205-4757.13	x	x						
Oklahoma	OS 1266	x	x						c
Oregon	ORS 75.540	x	x						

TABLE VI-4

STATE	CITATION	SUSPEND	REVOKE	RESTRICT LICENSE	CENSURE	REPRIMAND	PROBATION	FINE	OTHER
Rhode Island	GLRI 5-39-16	x	x						
S. Carolina	CLSC 40-63-80	x	x						
South Dakota	SDCL 36-26-32	x	x						
Tennessee	TCA 63-20-106	x	x						c
Texas	TCSA 50-021	x	x			x	x		
Utah	UCA 58-35-11	x	x						
Virginia	Reg. DOC 6.2	x	x						
West Virginia	CVN 30-30-7	x	x						

KEY:

a Issue subpoenas
b Require additional education or training
c May take other disciplinary action
d Board may order restitution

Source: HPLIS/CSG; December 31, 1984

TABLE VI-5

SOCIAL WORKER
EXAMINATION OF APPLICANTS

STATE	WRITTEN EXAM USED	ORAL	PRACTICAL	CITATION
Alabama	a			R 850-x-6
Arkansas	a			Act 791,sec.5
California	x	may		R 16-1877
Colorado	a	may		CRS 12-63.5-106
Delaware	a			DCA 3908
Florida	a			R 21U-500.11(3)
Georgia	x	may		OCG 43-7A-9
Idaho	a			IC 54-3206
Illinois	a	yes		111 IRS 6312
Iowa	a			IAC 470-161.6
Kansas	a			KSA 75-5351
Kentucky	a			201 KAR 23:020
Louisiana	a	yes		LRS 2706
Maine	a			32 MRSA 83-7057
Maryland	a			R 10.42.01.07
Massachusetts	a,b	b		ALM 112-132
Michigan	no			
Montana	a			MCA 37-22-301
New Hampshire	a			R 1004.
New York	x			CLNYA 7704.4
North Carolina	a			GSNC 90B-7
North Dakota	a			NDCC 43-41-04
Ohio	x(c)			H.B. 205-4757.05
Oklahoma	a			OS 1261.1
Oregon	no			
Rhode Island	a	may		GLRI 5-39-10
South Carolina	no			
South Dakota	a			SDCLA 36-26-14
Tennessee	a			TCA 63-20-103
Texas	a			TCSA 50.014
Utah	a			UCA 58-35-9
Virginia	a,d			R Doc 1.2
West Virginia	a			WVC 30-30-5

KEY:

x The examination is written or approved by the Board
a The examination is written or approved by the American Association of State Social Work Boards, developed by Assessment Systems, Inc.
b Individual applicants may request a written, oral or both written and oral examination
c The Board may use the exam prepared by the Academy of Certified Social Workers
d The examination for a clinical social worker will include an oral examination

Source: HPLIS/CSG; December 31, 1984

TABLE VI-6

SOCIAL WORKER
INITIAL REQUIREMENTS FOR LICENSE APPLICANTS

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
ALABAMA	CA 34-30-22							
Bachelor Social Worker		Bachelor				19		
Graduate Social Worker		Masters				19		
Certified Social Worker		Masters	2 yrs.			19		
ARKANSAS	Act 791-5							
Licensed Social Worker		Bachelor						
Lic. Masters Soc. Worker		Masters						
Lic. Certified Soc. Worker		Masters	2 yrs.					
CALIFORNIA	CBPC 9042							
Licensed Clinical Soc. Worker		Masters	2 yrs.					
COLORADO	CRS 12-63.5-106							
Registered Soc. Worker		Bachelor	2 yrs.			18		yes (d)
Licensed Social Worker		Masters	2 yrs.			18		yes (d)
Independent Practice		Masters	5 yrs.			18		yes (d)
DELAWARE	DCA 3907							
Lic. Clinical Soc. Worker		Masters						
FLORIDA	FS 490.005							
Clinical Social Worker		Masters	f					
GEORGIA	OCG 43-7A-12							
Master Social Worker		Masters	2 yrs.					
Clinical Social Worker		Masters	4 yrs.					
IDAHO	IC 54-3206							
Social Worker		Bachelor		a				
Certified Soc. Worker		Masters		a				
Independent Practice	IC 54-3207	g	2 yrs.					

TABLE VI-6

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
ILLINOIS	111 IRS 6307							
Social Worker		Bachelor	b	a		21	yes (e)	
Certified Soc. Worker		Masters		a		21	yes (e)	
IOWA	IAC 470-161.4							
Licensed Social Worker		Masters	2 yrs.*					
KANSAS	KSA 75-5351							
Baccalaureate Soc. Worker		Bachelor		b				d
Master Social Worker		Masters		b				d
Specialties		Masters	2 yrs.	b				d
KENTUCKY								
Social Worker	KRS 335.090	Bachelor	2 yrs.*	a		18		
Certified Soc. Worker	KRS 335.080	Masters		a		18		
Independent Practice	KRS 335.100	g	2 yrs.*	a		18		
LOUISIANA	LRS 2706							
Bd. Certified Soc. Worker		Masters	2 yrs.	a		21		yes
MAINE	32 MRSA 7053							
Registered Social Worker		Bachelor	1 yr.*	b		18		yes
Associate Social Worker		Bach.(i)	2 yrs.	b		18		yes
Certified Social Worker		Masters		b		18		yes
Lic. Clinical Soc. Worker		Masters	2 yrs.	b		18		Yes
MARYLAND	ACM 18-302							
Social Worker Associate		Bachelor						
Graduate Social Worker		Masters						
Certified Social Worker		Masters	2 yrs.					
MASSACHUSETTS	ALM 112-131							
Social Work Associate		Associate			yes			
Social Worker		Bachelor	2 yrs.*n	yes				
Certified Social Worker		Masters						
Ind. Clinical Soc. Worker		Masters(o)	3 yrs.*					

TABLE VI-6

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
MICHIGAN								
Social Work Technician	Art 16-1604	2 yrs.. or	1 yr*j	a				
Social Worker	Art 16-1605	Bach.	2 yrs.*k	a				
Certified Social Worker	Art 16-1606	Masters	2 yrs.*	a				
MONTANA	MCA 37-22-301							
Licensed Social Worker		Masters	3000 hrs.*					
NEW HAMPSHIRE	RSA 330-A:16d							
Cert. Clinical Soc. Worker		Masters	2 yrs.					
NEW YORK	CLNYA 7704							
Certified Social Worker		Masters		a		21	no	
NORTH CAROLINA	GSNC 90B-7							
Certified Social Worker		Bachelor						
Certified Soc. Work Manager		Bachelor	2 yrs.					
Cert. Master Soc. Worker		Masters						
Cert. Clinical Soc. Worker		Masters	2 yrs.					
NORTH DAKOTA	NDCC 43-41-04							
Licensed Social Worker		Bachelor						
Licensed Cert. Soc. Worker		Masters						
Independent Practice (1)		Masters	3 yrs.					
OHIO	HB205,4757.09							
Independent Social Worker		Masters	2 yrs.*u					
Social Worker		Bachelor						
Social Work Assistant		Associate						
OKLAHOMA	OS 1261.1							
Lic. Soc. Work Associate		Bachelor	2 yrs.					
Licensed Social Worker		Masters	2 yrs.					
Private, Independent Practice		Lic. Soc. Worker	2 yrs.*					

TABLE VI-6

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
OREGON	ORS 675.530							
Clinical Social Worker		Masters	2 yrs.					
RHODE ISLAND	GLRI 5-39-9							
Registered Social Worker		Masters		b				
Reg. Independent Soc. Worker		Masters	2 yrs.	b				
SOUTH CAROLINA	R 40-63-50							
Registered Social Worker		Masters						
SOUTH DAKOTA								
Social Work Associate	36-26-16	Associate						
Social Worker	36-26-15	Bachelor						
Certified Social Worker	36-26-14	Masters						
Independent Practice	36-26-17	Masters	2 yrs.					
TENNESSEE								
Cert. Master Soc. Worker	63-20-102	Masters						
Independent Practice	63-20-103	Masters	2 yrs.[m]					
TEXAS								
Social Work Associate	50.017	High School	q					
Social Worker	50.016	Bachelor	p					
Certified Soc. Worker	50.015	Masters	o					
Private Practice	50.020	r						
UTAH	UCA 58-35-5							
Social Service Aide				a		18		
Social Service Worker		Bachelor		a				
Certified Social Worker		Masters		a				
Independent Practice	58-35-6	Masters(c)	2 yrs.*	a				
VIRGINIA	R DOC 1.1							
Licensed Social Worker		Bachelor	2 yrs.[s]					
Lic. Clinical Soc. Worker		Masters	200 hrs.[t]					

STATE	CITATION	EDUCATION	INTERN[1]	MORALS	WORK EXP.	AGE	CIT.	RES.
WEST VIRGINIA	WVC 30-30-5							
Social Worker		Bachelor		b,c	yes			
Graduate Social Worker		Masters		b,c	yes			
Certified Social Worker		Masters	2 yrs.*	b,c	yes			

KEY:

1 An internship is defined as supervised work experience
* Experience
a Good moral behavior
b Merits the public trust
c Requires sworn statement from the applicant stating he or she has never been convicted of a felony involving moral turpitude
d Or employed in this state
e Or a petition for naturalization is pending or a declaration of intention to become a citizen has been made
f 3 years experience; 2 years at post masters level and 2 years under the supervision of a clinical social worker or one who meets those requirements
g Must be licensed under this act as a certified social worker
h 2 years experience in the field of social work and currently employed in the field
i Or have been employed in social work for not less than 6 years
j And is employed in the practice of social work. This may be waived if applicant has equivalent of 2,000 hours of voluntary service with a recognized agency; or was previously certified under former Act No. 352 of the Public Acts of 1972 and fulfills the other requirements of this section; or has an associate degree in social work from an approved college which includes supervised instructional field experience
k Or is enrolled in a graduate school of social work; or has a masters degree; or has the equivalent of 4,000 hours of voluntary service with a recognized agency
l Must be registered with the Board as eligible for private practice
m Must be certified under this act as a duly certified master social worker
n If the Bachelor degree is not in social work
o Or a master degree not in social work with 2 years social work experience; or a bachelor degree in social work or a related field with 5 years social work experience; or a bachelor degree not in social work with 10 years social work experience. All with approval from the Department

p Or a bachelor degree not in social work with 5 years experience in social work; or an associate degree with 10 years social work experience. All with approval from the Department.
q With a specified number of years experience determined by the Department
r Certification as a certified social worker under this chapter; or a number of years of acceptable social work experience as determined by the Department
s Or a masters degree
t And 3 years experience
u Supervised by an independent Social Worker who is not primarily engaged in private practice

Source: HPLIS/CSG; December 31, 1984

TABLE VI-7

SOCIAL WORKERS
SCHEDULE OF FEES

STATE	APPLICATION	EXAM	RENEWAL	TEMPORARY	DUPLICATE	RECIPROCA
Alabama	$50	$50	$25/Bi			
Arkansas	$10*a	$40*	$20*/Bi			
California	$50		$20/Bi			
Colorado	b					
Delaware						
Florida	$250		$20/Bi			$150
Georgia	h					
Idaho	$20	$50	$20/An	$20	$10	$35
Illinois	$25	cost	$20/An		$10	$35
Iowa	$100	$75	$120/Bi		$10	
Kansas	$50	$50	$50*/Bi		$20*	
Kentucky		$75	$90/3 yrs			
Louisiana	$50	$90	$50/An		$15	$50
Maine	$20c	$40	$40/Bi			
Maryland		cost	$50*/Bi			
Massachusetts						
Michigan	$25		$15/An			$25
Montana	$50d	$50				
New Hampshire	$100		$50/Bi			
New York		$100	$60/Bi			
North Carolina	$50*	$100*				
North Dakota						
Ohio	$75*i		$75*/Bi			
Oklahoma	$75*	$50*	$50*/An			
Oregon	$50*		$40*/An			
Rhode Island	$50		$25/An			
South Carolina	$20		$10/An			
South Dakota	$70e	$55	$70/Bi		$ 2	$60*
Tennessee	$50f		$50/An			
Texas						
Utah	$75*g		$70*/Bi			
Virginia	$50	$65	$90/Bi			
West Virginia						

KEY:

* Not more than
a For original issuance of a license, a fee not more than $25
b All application fees will be charged according to prevailing rates at the time applications are submitted. Fees shall vary between the different levels of licensure/registration
c Plus registration fee for an associate social worker $25; registered social worker $25; certified social worker $50; or certified social worker with independent practice, $50
d Plus original licensure fee of $25
e For both application and renewal fees for social workers authorized to engage in private independent practice. $60 for certified social workers; $50 for social workers; and $40 for social work associates
f $150 fee for an independent practitioner
g Application fee not to exceed $50 for social service worker; and not to exceed $20 for social service aide. Renewal fee for social service worker not to exceed $50; and for social service aide not to exceed $15
h Fees will be established after July 1, 1985
i Unless the Board determines it necessary to increase fees to cover expenses

Source: HPLIS/CSG; December 31, 1984

TABLE VI-8

SOCIAL WORKER
RECIPROCITY AND ENDORSEMENT

STATE	TYPE	CONDITIONS	CITATION
Alabama	Endorsement	a	CA 34-30-24
Arkansas	Endorsement	c	Act 791-13
California	None		
Colorado	Endorsement	c	CRS 12-63.5-109
Delaware	Endorsement	b + d	DCA 3909
Florida	Endorsement	a + d	FS 490.006
Georgia	Reciprocity	c + e	OCG 43-7A-10
Idaho	Endorsement	c	IC 54-3208.3
Illinois	Reciprocity	c + e	111 IRS 6309
Iowa	Endorsement	k	R 470-161.4
Kansas	Endorsement	c + f	KSA 75-5354(a)
Kentucky	Reciprocity	a + e	KRS 335.120
Louisiana	Reciprocity	c + e	Rule 11
	Endorsement	c	Rule 11
Maine	Endorsement	c	32 MRSA 7054
Maryland	Endorsement	a+f+g	ACM 18-305
Massachusetts	Endorsement	c+f+h	ALM 112-132
Michigan	Endorsement	i	Act 299
Montana	Endorsement	c + f	MCA 37-22-301(4)
New Hampshire	Endorsement	a + b	R 1005.01
New York			
North Carolina	Endorsement	c	GSNC 90B-8
North Dakota	Endorsement	c	NDCC 43-41-07
Ohio	Reciprocity	a + e	HB205-475.10
Oklahoma	Reciprocity	a + e	OS 1261.4
Oregon	Endorsement	a	R 877-20-015.3
Rhode Island	Endorsement	c	GLRI 5-39-10.1
South Carolina	None		CLSC 40-63-50
South Dakota	Endorsement	c + f	SDCL 36-26-18
Tennessee	Endorsement(m)	a + j	TCA 63-20-109
Texas	Reciprocity	e	TCSA 50.032
	Endorsement	c	TCSA 50.032
Utah	Reciprocity(1)		
Virginia	Endorsement	c	DOC 3.1
West Virginia	Endorsement	c or f	WVC 30-30-6.C

KEY:

a If licensed or certified by another state on the basis of qualifications which equal or exceed those established by the Board
b Must have passed a national examination equivalent to the advanced level examination of the American Association of State Social Work Board's
c If licensed by a similar board of another state, territory or district, whose standards, in the opinion of the Board are not lower than those required by this Act
d The Board will determine if there are disciplinary proceedings or unresolved complaints pending. If so, applicant will not be licensed until proceeding or complaint is resolved
e If the state or territory accords a similar privilege to holders of licenses under this chapter
f Applicant has passed an examination similar to that for which exemption is sought
g Did not previously receive a waiver of the examination requirement from the Board
h License has not been suspended or revoked by the licensing jurisdiction
i Applicants are evaluated separately according to their individual credentials
j Applicant has not previously failed the exam given by the Board
k Applicant has passed the "C" level exam of the American Association of State Social Work Boards; or the Academy of Certified Social Workers Examination during the period of November 1972 To December 31, 1984. The exam or project in social work required for the masters or doctoral degree received prior to November 1972 will fulfill the exam requirements
l Idaho is the only state that Utah has a reciprocal agreement with. All other applicants must take Utah's examination
m Applies only to an independent practitioner

Source: HPLIS/CSG; December 31, 1984

SOCIAL WORKER
CONTINUING EDUCATION REQUIREMENTS

STATE	REQUIRED	CITATION	EXTENT
Alabama	Yes	R 850-x-12	20-30 hrs/biennially
Arkansas	Yes	Act 791-14d	
California	No		
Colorado	Yes	Rule x	14 hrs/biennially
Delaware	May	DCA 3912	
Florida	Yes	R 21U-502.01	30 hrs/biennially
Georgia	Yes	OCG 43-7A-16	
Idaho	No		
Illinois	No		
Iowa	Yes	IAC 470-161.100	24 hrs/biennially
Kansas	Yes	KAR 102-2-4	60 hrs/biennially
Kentucky	May	KRS 335.130(4)	
Louisiana	No		
Maine	Yes	Rule 2:02	45 hrs/4 yr. period
Maryland	May	ACM 18-308e	
Massachusetts	Yes	ALM 112-136	
Michigan*	none		
Montana	Yes	MCA 37-22-304	
New Hampshire*	none		
New York*	none		
North Carolina	Yes	GSNC 90B-9b	
North Dakota	Yes	NDCC 43-41-12	
Ohio	Yes	H.B.205-4757.05	Min. of 24 hrs/bi (a)
Oklahoma	Yes	Rules	12 hrs/annually
Oregon	May	OAR 877-20-030	
Rhode Island*	none		
South Carolina	Yes	R 110-1	30 hrs/annually
South Dakota	Yes	R 20:59:04:02	30 hrs/biennially
Tennessee	No		
Texas	No	TCSA 50-034	Voluntary
Utah	No		
Virginia	Yes	DOC 4.3:B	
West Virginia	Yes	WVC 30-30-10	

KEY:

* Information taken from a November 1984 document and may not be current

a A social worker who holds a bachelor degree in a program closely related to social work shall complete five hours, or their equivalent, in a social work theory course and a social work seminar at an accredited educational institution in lieu of the continuing education requirements established by the Board, for the first renewal period of his or her license

Source: HPLIS/CSG; December 31, 1984

APPENDICES

APPENDIX

Table A-1

BEHAVIORAL SCIENCE PROFESSIONS
UNDER STATE SUNSET REVIEWS

STATE	CLINICAL SOCIAL WORKER	PSYCHOLOGIST
Delaware		S
Georgia		S
Indiana[2]		
Louisiana[3]		
New Hampshire[4]		
New Mexico		**
Oklahoma		C
Oregon	C	C
Tennessee		*
Utah		**

C - report in committee
S - scheduled to be reviewed
* - reviewed in 1984
** - reviewed in 1985
1 - Counselors (marriage, family, and pastoral) were not in included in the table as there was no information on sunset review audits concerning counselors gathered in a telephone survey conducted April 22-26, 1985.
2 - Indiana reviewed all occupational licensing boards in 1979.
3 - Louisiana reviewed all agencies of the Dept. of Health and Human Resources.
4 - All occupational boards were audited in 1981. The next review will be in 1987.

Source: Information for Table A-1 was compiled through a telephone survey of all states which had sunset laws in April 1985. Each state contact was asked "which health professions were reviewed under sunset in your state in 1984 and 1985." Federal funds were not used for this survey.

APPENDIX

Table A-2

SUNRISE REVIEWS CONDUCTED
ON BEHAVORIAL SCIENCE PROFESSIONS
1984-85

STATE	PROFESSION	ACTION REQUESTED BY PROFESSIONAL GROUP	RECOMMENDATION MADE BY SUNRISE AUDIT COMMITTEE
KANSAS	Family & Marriage Counselors	Licensure	Under Consideration
	Professional Counselors	Licensure	Under Consideration
	Psychologists (Master's level)	Licensure	Registration
MICHIGAN	Clinical Social Workers	Licensure	Licensure
MINNESOTA	Marriage & Family Therapists	Licensure	Under Consideration
	Social Workers	Licensure	Under Consideration
VIRGINIA	Social Workers Psychologists Professional Counselors	Overall Licensure	Under Consideration
WASHINGTON	Marriage Counselor	Certification	Certification
	Mental Health Counselor	Certification	Certification
	Social Worker	Certification	Certification

Source: Information for Table A-2 was compiled through a written survey to state officials in April 1985.

APPENDIX

Table A-3

NATIONAL ORGANIZATIONS WITH REGULATORY INFORMATION ON COUNSELORS, PSYCHOLOGISTS AND SOCIAL WORKERS

National Clearinghouse on Licensure, Enforcement and Regulation (CLEAR)
P.O. Box 11910
Iron Works Pike
Lexington, KY 40578
Contact: Fran Berry, Director (606) 252-2291

American Association for Counseling and Development
5999 Stevenson Avenue
Arlington, VA 22304
Contact: Frank Burtnett, Asst. Executive Director (703) 823-9800

American Association for Marriage and Family Therapy
1717 K Street, N.W., Suite 407
Washington, D.C. 20006
Contact: Mark Ginsberg, Executive Director (202) 429-1825

American Association of Pastoral Counselors
9508-A Lee Highway
Fairfax, VA 22031
Contact: Dr. James W. Ewing, Director (703) 385-6967

American Association of State Psychology Boards
P.O. Box 4384
Montgomery, AL 36101
Contact: Randolph Reaves, Executive Officer (205) 832-4202

American Psychological Association
1200 17th St., N.W.
Washington, DC 20036
Contact: Len Goodstein, Director (202) 955-7641

American Association of State Social Work Boards
6406 Garners Ferry Road
Columbia, SC 29209
Contact: Dr. David Jeffreys, Executive Director (803) 766-6024

National Association of Social Workers
7981 Eastern Avenue
Silver Springs, MD 20910
Contact: Dr. Miles Johnson (301) 565-0333

National Federation of Clinical Social Workers
2989 Broadmoir Valley Road
Colorado Springs, CO 80906
Contact: Gary Unruh, Executive Director (303) 576-4855